



**CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
PUBLIC HEALTH INITIATIVES BRANCH
COMMUNITY, FAMILY HEALTH AND PREVENTION SECTION**

**State Plan of Program Operations
Special Supplemental Nutrition Program
For Women, Infants, and Children (WIC)**



**Federal Fiscal Year 2020
(October 1, 2019 – September 30, 2020)**

**Submitted in accordance with USDA
Food and Nutrition Service
Federal Regulations 246.4(A) - State Plan**

August 15, 2019

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A. INTRODUCTION

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is implemented by the United States Department of Agriculture (USDA-FNS) under public law 95-627, Section 17 of the Child Nutrition Act of 1966; final regulations were issued January 2002. Funds for Food and Administrative costs are transferred from USDA-FNS to the Connecticut Department of Public Health, Public Health Initiatives Branch, Community Family Health and Prevention Section (CFHPS).

The State Plan for Connecticut's WIC Program is the governing document that provides guidance and direction for the State agency and local agencies administering the program. In compliance with Federal regulations and State regulations and requirements, the plan is updated annually to ensure the inclusion of new and revised federal and state requirements and annual accomplishments and new goals and objectives. Although the State Plan is primarily based on Federal regulations, including requirements and guiding principles for best practices from the state perspective and that of the nation's public health framework.

Although the WIC State Plan references a single document, it has 3 major components. Section I of the plan contains the State goals and objectives FFY2020 and the evaluation FFY2019. To the extent possible, the goals address the core functional areas of the WIC Program. These functional areas are: management and organization, nutrition services and breastfeeding support and promotion, food delivery and food instrument accountability, vendor/retailer management, management information systems, caseload management and outreach, coordination of services, civil rights, certification and eligibility, monitoring and QA, fiscal management and data quality, analysis and reporting. The goals and objectives are State-specific and function as a guide for enhancing both State and local program operations effectiveness and efficiency. Section II is the local agency operations manual and provides guidance to State and local staff about clinic level WIC policies and procedures. Section III outlines the State level operations as Functional Format Checklists.

Approximately \$46 million is allocated to Connecticut WIC for Food and Nutrition Services Administration funding and an additional \$12 million rebated by **Abbott Laboratories**, through a cost savings measure as part of the infant formula rebate program.

B. MISSION STATEMENTS

DPH Mission:

To protect and improve the health and safety of the people of Connecticut by:

- Assuring the conditions in which people can be healthy;
- Promoting physical and mental health, and
- Preventing disease, injury, and disability.

DPH Vision Statement:

Healthy People in Healthy Connecticut Communities

CFHPS Section Mission:

The Community, Family Health and Prevention Section is a positive and productive section of the Connecticut Department of Public Health that creates and achieves optimal public health outcomes through strong, consistent, proactive and ethical leadership; a positive and productive workplace environment; results-based accountability, and premier customer friendly service to the public by valued employees through technical assistance, best-practice and research-based expertise, and clear and accurate communication.

WIC Program Mission:

The Connecticut WIC Program is committed to improving the health of eligible pregnant women, new mothers, and children by providing nutrition education, breastfeeding support, healthy foods, and referrals to health and social programs during the critical stages of fetal and early childhood development.

Breastfeeding Statement:

The Connecticut WIC Program endorses the American Academy of Pediatrics' Policy Statement on "Breastfeeding and the Use of Human Milk" (2012), which states, "Breastfeeding and human milk are the normative standards for infant feeding and nutrition. Given the documented short- and long-term medical and neurodevelopmental advantages of breastfeeding, infant nutrition should be considered a public health issue and not only a lifestyle choice. The American Academy of Pediatrics reaffirms its recommendation of exclusive breastfeeding for about 6 months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant.

The Connecticut Special Supplemental Nutrition Program for Women, Infants and Children (WIC) promotes exclusive breastfeeding as the normal infant feeding method through the first year of life and beyond, with the addition of appropriate complementary foods when the infant is developmentally ready, usually around six months of age. All WIC staff have a role in promoting and providing support for the successful initiation and continuation of breastfeeding.

Customer Service Principle:

A WIC participant is the most important person to enter the WIC office. A participant is not dependent on us. We are dependent on them. They are the purpose for our work. We are not doing a favor by serving the participant. It is the participant who is doing us a favor by letting us

serve them. A participant is a person who brings us her/his wants. It is our job to handle their needs, with professionalism and efficiency, always with each participant in mind. –*Adapted from Hot Pots restaurant menu, Customer Service statement.*

C. STATE AGENCY ORGANIZATION

STAFF MEMBER	PRIMARY RESPONSIBILITIES
Marjorie Chambers, MS, RD State WIC Director T: (860) 509-8101 F: (860) 509-8391 E-mail: marjorie.chambers@ct.gov	Federal grants management Contracts and budgets WIC program policy Program planning and evaluation Program management & administration Certification and eligibility Nutrition Services MIS & Fiscal units oversight
Amanda Moore, MPH, CLC Nutrition Consultant 2 T: (860) 509-8055 F: (860) 509-8391 E-mail: amanda.moore@ct.gov	Local agency monitoring Review Program Monitors written reports and response to corrective action plans Local staff training, liaison & technical assistance State Plan Management Special Project Grant Project Co-Manager (local agency operations) Grant management activities Local agency RFP development MIS/EBT
Marilyn Lonczak, MEd, RD, CLC Nutrition Consultant 2/ Breastfeeding Coordinator T: (860) 509-8261 F: (860) 509-8391 E-mail: marilyn.lonczak@ct.gov	Breastfeeding promotion and support Breastfeeding program planning and evaluation Breastfeeding Peer Counseling (back-up) State Plan Management Local staff training, liaison & technical assistance Nutrition Risk Criteria (back-up) on RISC CDC 1807 cooperative agreement breastfeeding activities (lead) Special Project Grant Project Co-Manager (Administration)
Pamela Beaulieu, CLC Nutrition Consultant 2 T: (860) 509-7138 F: (860) 509-8391 E-mail: Pamela.Beaulieu@ct.gov	MIS/EBT and CT-WIC coordination Local staff training, liaison & technical assistance Update/provide input on Local Agency Plans/State Plan Outreach
Amy Botello, RD, CLC Nutrition Consultant 2 T: (860) 509-7656 F: (860) 509-8391 E-mail: amy.botello@ct.gov	Nutrition Services & Certification Reviews Issue written reports/respond to corrective action plans Provide technical assistance Nutrition Assistant II training coordination Update/provide input on Local Agency plans/State Plan Outreach

Luz Hago, RD Nutrition Consultant 2 T: (860) 509-7662 F: (860) 509-8391 E-mail: luz.hago@ct.gov	Local agency liaison, technical assistance Nutrition education Formula issuance Develop new food packages Update/provide input on Local Agency Plans/State Plan
Mellessa McPherson-Milling, CLC Nutrition Consultant 2 T: (860) 509-7814 F: (860) 509-8391 E-mail: mellessa.mcpherson-milling@ct.gov	Local agency Program Operations Reviews Issue written reports/respond to corrective action plans Civil Rights Update/provide input on Local Agency Plans/State Plan
Lori Goeschel MS, RD, IBCLC Nutrition Consultant 2/Breastfeeding Peer Counseling Coordinator T: (860) 509-7755 F: (860) 509-8391 E-mail: lori.goeschel@ct.gov	Breastfeeding Peer Counseling Breastfeeding Peer Counseling contract management, program planning, technical assistance and evaluation CDC 1807 cooperative agreement breastfeeding activities (back-up)
Kimberly Boulette Health Program Supervisor T: (860) 509-7845 F: (860) 509-8391 E-mail: kimberly.boulette@ct.gov	Supervisor Food Resource & Vendor Mgmt. eWIC card stock and inventory reporting Food cost containment Farmers Market Nutrition Program liaison SNAP Collaboration/FNS Field Office/STARS Peer Group Pricing Management The Integrity Profile Report Vendor Advisory Council lead Rebate contract lead Vendor Training
Vacant Health Program Associate T: (860) 509-7187 F: (860) 509-8391 E-mail:	Vendor agreement/application updates Above 50-Percent Vendor determinations Website upload State Plan updates Prepares Annual training document Contract liaison Complaints/Customer Service Coordination with EBT contractor Collections Compliance purchase report reviews Arranges and provides vendor trainings
Vacant Health Program Associate T: (860) 509-8096 F: (860) 509-8391 E-mail:	Vendor monitoring Complaint follow up Vendor technical assistance Vendor Training

Rafael Lima Health Program Assistant II T: (860) 509-7815 F: (860) 509-8391 E-mail: Rafael.lima@ct.gov	Online Monitoring for trafficking of WIC foods Participant and Retailer Fraud Investigations Vendor monitoring Vendor technical assistance
Marangelie Ortiz Health Program Assistant II T: (860) 509-7526 F: (860) 509-8391 E-mail: Marangelie.ortiz@ct.gov	Compliance Investigations Compliance Buys Vendor complaints Vendor training High Risk Criteria Vendor monitoring as needed
Beverley Daley Health Program Assistant 1 T: (860) 509-8076 F: (860) 509-8391 E-mail: Beverley.daley@ct.gov	Vendor monitoring Complaint follow up Vendor technical assistance
Barbara Quiros Health Program Assistant 1 T: (860) 509-7413 F: (860) 509-8391 E-mail: barbara.quiros@ct.gov	Competitive and Not to Exceed Pricing WIC Food Redemptions APL Maintenance Vendor training Technical assistance to Vendors and participants (transaction issues)
Maria Reyes Processing Technician T: (860) 509-7488 F: (860) 509-8391 E-mail: maria.reyes@ct.gov	Vendor application processing Vendor Authorizations Price Stock Survey updates Vendor correspondence/notification Tracks vendor penalties and prepares sanctions FNS/SNAP Collaboration//STARS
Susan Hewes Epidemiologist 3 T: (860) 509-7795 F: (860) 509-8391 E-mail: susan.hewes@ct.gov	Outcome objective analysis Program data analysis Produce results for quarterly objectives Internal/external data requests Adequate participant access determinations
Stacy Swegman Secretary 1 T: (860) 509-7462 F: (860) 509-8391 E-mail: stacy.swegman@ct.gov	State staff support Customer Service Order and maintain supplies Timekeeper Meeting minutes & training evaluations WIC Materials Management
Eric Marszalek Health Program Assistant 1 T: (860) 509-8072 F: (860) 509-8391 E-mail: eric.marszalek@ct.gov	CT-WIC Vendor Portal Coordination Vendor Administrative Review Process A50 determinations WIC contact for EBT contractor Open enrollment and renewal process Technical assistance to vendors WIC webmaster

Thomas Young Technical Analyst 2 T: (860) 509-7690 F: (860) 509-8391 E-mail: tom.young@ct.gov	Systems development coordinator Local Agency technical support CT-WIC monitoring of automated processes CT-WIC data requests
Daniel Fuller Technical Analyst 2 T: (860) 509-7688 F: (860) 509-8391 E-mail: daniel.fuller@ct.gov	Help Desk/Technical Support Equipment Prep/Deployment/Inventory Hardware Maintenance/ CT-WIC update Hardware/Software Purchase
Michael Colello Technical Analyst 2 T: (860) 509-7210 F: (860) 509-8391 E-mail: michael.colello@ct.gov	Help Desk/Technical Support Equipment Prep/Deployment/Inventory Hardware Maintenance/CT-WIC update Hardware/Software Purchase
Kirk Whalley Technical Analyst 2 T: (860) 509-7429 F: (860) 509-8391 E-mail: kirk.whalley@ct.gov	Development & maintenance Cost containment & monitoring Security Help Desk WICSmart WICShopper - to be replaced with Mobile App Autodialer
Kim Burkes Associate Accountant T: (860) 509-7709 F: (860) 509-7227 E-mail: kim.burkes@ct.gov	Financial Management of WIC grant Food Cost Estimation Review and monitor funding levels Organize and maintain Budget Project expenditures-budgets Work with auditors and program to ensure information reported is correct Monthly 798 report for USDA Reconcile bank and treasurer accounts Monitor Local Agency cash flow, disbursements, and expenses
Vacant Fiscal Administrative Officer T: (860) 509-7713 F: (860) 509-8391 E-mail:	Bank reconciliation & Treasury Report Beechnut & Abbott rebates Local agencies and Breastfeeding EBT report 425

C. LOCAL AGENCY ORGANIZATION

LOCAL AGENCY	COORDINATOR	PROGRAM NUTRITIONIST
The Access Agency, Inc. 1315 Main Street, Suite 2 Willimantic, CT 06226 (860) 450-7405 katina.fernandez.noonan@accessagency.org	Katina Fernandez-Noonan	Patricia Gaenzler
Optimus Health Care Bridgeport & Stamford 1450 Barnum Avenue Bridgeport, CT 06610 (203) 333-9200 vsantiago@ophthc.org	Verletha Santiago	Lauren Keenan
Bristol Hospital 9 Prospect Street Bristol, CT 06010 (860) 585-3280 mdickau@bristolhospital.org	Melissa Dickau	Christine Marschall
Danbury Health Department 80 Main Street Danbury, CT 06810 (203) 797-4629 evansa@ct-institute.org	Anne Marie Evans	Jessica Liguori
East Hartford Health Department 754 Main Street East Hartford, CT 06108 (860) 291-7323 pmascoli@easthartfordct.gov	Patricia Mascoli	Catherine Zelinsky
Hartford Health Department 131 Coventry Street Hartford, CT 06112 (860) 757-4780 SMILD001@hartford.gov	Danielle Smiley	Ronda Jackson
Meriden Health Department 165 Miller Street Meriden, CT 06450 (203) 630-4245 scarpenter@meridenct.gov	Shelley Carpenter	Ludim Sanchez
Yale New Haven Hospital Saint Raphael Campus 1401 Chapel Street New Haven, CT 06511 (203) 789-3563 Mary.chervenak@ynhh.org	Mary Chervenak	Jennifer Gemmell

Thames Valley Council for Community Action (TVCCA) 83 Huntington Street New London, CT 06320 (860) 425-6620 rbrady@tvcca.org	Regina Brady	Geetha Sivanandam
Torrington Area Health District 350 Main Street, Suite C Torrington, CT 06790 (860) 489-1138 izaklukiewicz@tahd.org	Jacqueline Zaklukiewicz	Danielle Canada
Waterbury Health Department 1 Jefferson Square, 1 st Floor Waterbury, CT 06706 (203) 574-6785 khurley@waterburyct.org	Kelsey Hurley (Acting)	Kelsey Hurley

PROGRESS ON

FFY 2019

GOALS AND
OBJECTIVES

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Program Functional Area 1: Management and Organization

Goal 1: Ensure program integrity, cost-effectiveness, quality of services and accountability in the delivery of nutrition services in the provision of food benefits.

By September 30, 2019

Objective 1.1: Convene monthly meetings for local agency coordinators to ensure on-going communication and feedback loop.

Objective 1.2: If funding is available, sponsor 1-2 day local agency staff participation in National WIC Association's Leadership Academy on-line training course (LA Coordinators/Program Nutritionists/SA staff).

Objective 1.3: Investigate process to update state regulations on artificial sweeteners, food dyes and sodium levels.

Objective	Strategies/Activities	Baseline	Indicators	Progress
1.1 Convene monthly meetings for local agency coordinators to ensure on-going communication and feedback loop.	<p>Schedule and facilitate at least 10 face-to-face meetings with Program Coordinators to:</p> <ul style="list-style-type: none"> Review policy and procedures Discuss funding and staffing issues Review CT-WIC data availability and reports Other topics as determined 	N/A	<p>Summary of meetings, investigate baseline of satisfaction with monthly meetings via distribution of pre-survey in October 2018. Redistribute survey in June 2019.</p> <p>Improved compliance with policies and procedures</p> <p>Increased sharing of strategies regarding resource utilization and staff retention</p> <p>Improve use of data and discussions in LAP</p>	Accomplished. Provide ongoing update to Coordinators on new policy and procedures that impact daily program operations.
1.2 If funding is available, sponsor 1-2 local agency staff participation in NWA Leadership Academy on-line training course.	<ul style="list-style-type: none"> Determine if funding is available. If yes, proceed with selection of local staff to apply to NWA Connect with NWA Leadership Academy staff to coordinate PO and invoicing. Follow-up with local staff during and after completion of course for evaluation. 	N/A	<p>Courses offered and successfully completed.</p> <p>90% of attendees indicate on evaluation they strongly agree or agree the content is relevant to their work and they will incorporate into program operations.</p>	Two local agency staff were enrolled in the Leadership Academy. One staff could not complete all courses due to unexpected personal circumstances. We

				<p>will investigate if staff can completed the final 2 courses in FY 2020.</p> <p>We will request feedback from the staff person at the completion of the 4th course.</p>
<p>1.3 Investigate process to update state regulations on artificial sweeteners, food dyes and sodium levels.</p>	<ul style="list-style-type: none"> • Contact DPH staff responsible for state regulation updates by December 2018. • If able to update regulations, determine timeline and assign staff. • Have final updates available for internal review by March 2018. 			<p>Was not able to update regulations this year. This will be attempted again in FY 2020.</p>

Program Functional Area 2: Nutrition Services and Breastfeeding Support & Promotion*

Goal 2: Improve the nutritional and overall health of WIC families in Connecticut.

By September 30, 2019

Objective 2.1: At least 35% of pregnant women participating in the WIC Program for a minimum of 6 months gain appropriate weight.

Objective 2.2: The incidence of low birth weight (LBW) among infants whose mothers were on the WIC Program for at least six months during pregnancy does not exceed 6%.

Objective 2.3: The prevalence of anemia among children enrolled in the WIC Program for at least one year does not exceed 7.5%.

Objective 2.4a: The prevalence rate of BMI \geq 85th percentile to $<$ 95th percentile for children 2-5 years does not exceed 15%.

2.4b: The prevalence rate of BMI \geq 95th percentile for children 2-5 years of age does not exceed 10%.

Objective 2.5: At least 70% of infants enrolled in the WIC Program (have mothers who) initiate breastfeeding.

Objective 2.6: At least 50% of infants enrolled in the WIC Program are breastfed for 6 months or more.

Objective 2.7: Maintain CT-WIC via new policy development and policy revisions, provision of State and local staff training, development of CT-WIC marketing and participant training materials, and supervision of local agency rollout.

Objective 2.8: At least 50% of local agency submitted 2019 Local Agency Plans will have measurable strategies for nutrition outcome objectives. Local agency liaisons will make at least 1 in-person visit or phone call to each local agency to provide technical assistance in FY 2019.

Objective	Strategies/Activities	Baseline	Indicators	Progress
2.1 At least 35% of pregnant women participating in the WIC Program for a minimum of 6 months gain appropriate weight.	<p>Through State MER observations and chart reviews 80% of local agency staff will incorporate concepts from prenatal weight gain guidance documents to ensure women receive appropriate information and resources to achieve appropriate weight gain based on their prenatal BMI.</p> <p>75% of local agencies reviewed will utilize <i>Tell Me More...</i> Prenatal participant survey tool to assist women in reaching prenatal weight gain goals based on their prenatal BMI.</p> <p>Continue to monitor trends and revised target set for low and high</p>	<p>2019 WIC Objective: \geq 35%</p> <p>FFY 2011: 68.8% Range: 59.0% - 81.1%</p> <p>FFY 2012: 72.1% Range: 48.9% - 85.4%</p> <p>FFY 2013: 73.0% Range: 48.6% - 86.6%</p> <p>FFY 2014: 72.3% Range: 53.8% - 83.3%</p> <p>FFY 2015 Target: \geq 70.0% Average: 28.4% Range: 20.5% - 34.2%</p> <p>FFY 2018 Target: \geq 35.0% Average: 26.5% Range: 11.6% - 37.3%</p> <p>FFY 2019 Target: \geq 35.0%* Average: 27.6%</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports.</p> <p>Results of monitoring show 80% of local agencies reviewed in 2019:</p> <ul style="list-style-type: none"> Schedule appropriate frequency of visits to discuss and monitor prenatal weight gain. Use effective educational methods i.e. MI, appropriate education materials, i.e. iPAUSE tool/ VENA to assist pregnant women in gaining appropriate weight based on IOM 	<p>We did not meet the 35% target for this objective. The state average was 27.6%</p> <p>Prenatal weight gain recommendations were documented in less than 25% of both charts reviewed and observations. In most cases staff provide more general recommendations rather than participant centered interventions that would support women in achieving a healthy weight gain. Less than 20% of both chart audits and observations did staff assist in and document a facilitated action plan for this objective.</p>

	<p>weight gain during pregnancy through data reports.</p> <p>Assess local agency staff skills in identifying women at risk for inadequate or excessive weight gain during pregnancy through liaison TA and local agency reviews.</p> <p>Target education efforts on these modifiable risk factors:</p> <ul style="list-style-type: none"> ▪ Underweight/Overweight Prenatal BMI ▪ Inadequate nutrition or activity in pregnancy ▪ Risks of smoking ▪ Use of ETOH or drugs ▪ Food Security ▪ Homelessness <p>See 2.8 for liaison role.</p>	<p>Range: 20.0% - 39.1% * Partial year data</p> <p>Data Sources: thru FFY 2015: CT SWIS, Outcome Objective #1 – Weight Gain during Pregnancy; quarterly reports, by federal fiscal year.</p> <p>FFY2018-2019: CT-WIC MIS (Management Information System).</p>	<p>recommendations.</p> <ul style="list-style-type: none"> ▪ Incorporate key messaging from the Prenatal Weight Gain guidance document into counseling sessions. <p>Change in trend data over time for low performing agencies.</p>	<p>3 of the 4 (75%) local agencies reviewed thus far in FY19 utilize the Tell Me More for prenatal participants. However, staff still struggle with effectively utilizing the tool in both assessment and counseling. Training including coaching & mentoring should continue to occur at the local agency level.</p> <p>All 4 local agencies monitored provided appropriate frequency of visits for prenatal participants. However 1 of the 4 local agencies failed to capture weight gain at specific appointment types and thus missed the opportunity to positively impact prenatal weight gain.</p>
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<p>2.2 The incidence of low birth weight (LBW) among infants whose mothers were on the WIC Program for at least six months during pregnancy does not exceed 6%.</p>	<p>Through State MER observations and chart audits 80% of local agency staff will incorporate concepts from prenatal weight gain guidance documents and address <i>modifiable</i> risk factors:</p> <ul style="list-style-type: none"> Smoking drug use, Prenatal weight gain 	<p><u>2019 WIC Objective:</u> ≤ 6%</p> <p>FFY 2012 <u>Target:</u> ≤ 6.0% Average: 6.0% * Range: 1.7% - 8.7%</p> <p>FFY 2013 <u>Target:</u> ≤ 6.0% Average: 6.4% * Range: 3.1% - 9.0%</p> <p>FFY 2014 <u>Target:</u> ≤ 6.0% Average: 5.8% * Range: 1.4% - 8.3%</p> <p>FFY 2015 <u>Target:</u> ≤ 6.0% Average: 3.2% * Range: 0.0% - 5.6%</p> <p>FFY 2018 <u>Target:</u> ≤ 6.0% Average: 2.6% ** Range: 0.0% - 13.0%</p> <p><u>FFY 2019 Target:</u> ≤ 6.0% * Average: 2.8% ** Range: 0.0% - 6.1% * Partial year data</p> <p>(** Excludes pre-term & multiple births)</p> <p><u>Data Sources:</u> thru FFY 2015: CT SWIS, Outcome Objective #1 – Weight Gain during Pregnancy; quarterly reports, by federal fiscal year.</p> <p>FFY2018-2019: CT-WIC MIS (Management Information System). (*excludes pre-term & multiple births)</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports.</p> <p>Reduce health disparities among vulnerable population groups (e.g. teenagers, substance abuse, poverty, ethnicity, geographic location):</p> <ul style="list-style-type: none"> Break out results by demographic variables; and, Map results by demographic variables. <p>Reduce health disparities among vulnerable population groups i.e. teenagers, substance abuse, poverty, ethnicity, geographic location.</p> <p>Results of monitoring show greater than 80% of local agencies reviewed use MI, iPause and VENA Guidance in education, provide timely referrals and offer appropriate education materials to prenatal women to reduce their risk of delivering a LBW infant.</p> <p>Change in trend data over time for low performing agencies.</p>	<p>We met the target for this objective at 2.8%. 85% of local agencies monitored are using effective educational methods and appropriate education materials to assist pregnant women in delivering a healthy, full-term infant. Per indicator 2.1 additional training is needed on addressing prenatal weight gain.</p> <p>Also noted during monitoring in FY19, local agency staff lack confidence in adequately assessing specific maternal health issues including perinatal depression and/or anxiety and preeclampsia/high blood pressure. Training on preeclampsia and women's cardiac health was provided on March 22, 2019. Prior to this a training was held on the Revised Nutrition Risk Criteria including risk 304 History of Preeclampsia and 345 Hypertension and Prehypertension.</p> <p>Local agencies are showing some improvement in developing measurable strategies for this objective. Many local agencies are</p>
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				<p>identifying the PMAD screening protocol monitoring as a method to identify and support moms that may be at risk for weight loss, or other modifiable risk factors that impact LBW.</p> <p>The State agency didn't develop a measurable strategy however, several key activities related to this objective were conducted this year. State Nutrition Consultants have met with representatives from DMHAS (Department of Mental Health, Addiction and Substance Use) to discuss enhanced collaboration opportunities specifically around development or messaging on Plan of Safe Care (POSC) in addition to connecting WIC local programs with residential treatment facilities for pregnant and parenting mothers as well as the Women's REACH Program navigators. REACH is a program to assist pregnant and parenting women in recovery and reentry.</p>
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<p>2.3 The prevalence of anemia among children enrolled in the WIC Program for at least one year does not exceed 7.5%.</p>	<p>Investigate % of 11 trained agencies that are actively and accurately using the Pronto non-invasive HGB screening devices to reduce barriers for participants and ensure timely bloodwork results are entered in CT-WIC. Develop baseline based on State MER observations and chart audits.</p> <p>Through State MER observations and chart audits 80% of local agency staff will accurately identify children at risk for anemia based on WIC nutrition assessment and results of Hgb/Hct tests.</p> <p>Through State MER observations and chart audits 90% of local agency staff effectively provide education to parents to reduce risk of development of anemia including:</p> <ul style="list-style-type: none"> ▪ Iron-rich food sources ▪ Explanation of anemia/ risks, ▪ Importance of timely blood work, ▪ Appropriate iron supplementation ▪ Risk of lead poisoning. ▪ Making appropriate referrals and follow-up. <p>Monitoring results show 100% of local agencies incorporate anemia guidance document messages and sample lesson plan into group and or individual education sessions.</p>	<p><u>2019 WIC Objective:</u> ≤7.5% <u>FFY 2012 Target:</u> ≤ 9.0% Average: 7.8% Range: 4.4% - 10.5% <u>FFY 2013 Target:</u> ≤ 7.5% Average: 8.3% Range: 4.2% - 12.3% <u>FFY 2014 Target:</u> ≤ 7.5% Average: 10.2% Range: 4.6% - 14.5% <u>FFY 2015 Target:</u> ≤ 7.5% Average: 9.9% Range: 5.4% - 17.8% <u>FFY 2018 Target:</u> ≤ 7.5% Average: 8.8% Range: 5.2% - 16.7% <u>FFY 2019 Target:</u> ≤ 7.5% * Average: 8.4% Range: 3.9% - 19.0% * Partial year data <u>Data Sources:</u> thru FFY 2017: CT SWIS, Outcome Objective: Childhood Anemia; quarterly reports by federal fiscal year. FFY2018-2019: CT-WIC MIS (Management Information System).</p>	<p>CT-WIC quarterly and annual reports</p> <p>Results of monitoring show greater than 80% of local agencies use effective educational methods including MI, iPause, make timely referrals and offer appropriate education materials to assist parents in prevention of iron deficiency anemia for their children.</p> <p>Change in trend data over time for low performing agencies</p>	<p>We have seen a slight decrease in this rate from 2018-2019. We were at 8.4% for the state average. 100% of local agencies (4/4) reviewed thus far in FY19 utilize Pronto non-invasive HGB screening devices accurately and appropriately.</p> <p>90% of local agencies monitored are using effective educational methods and appropriate education materials to assist parents in prevention of iron deficiency anemia for their children.</p> <p>100% of local agencies monitored are using the anemia guidance document messages and sample lesson plan into group and or individual education sessions.</p>
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<p>2.4</p> <p>a. The prevalence of BMI ≥ 85thile to < 95thile for children 2-5 years of age does not exceed 15%.</p> <p>b. The prevalence of BMI ≥ 95thile for children 2-5 years of age does not exceed 10%.</p>	<p>State MER results, Off-year Self-Assessment and LAP review show 75% of local agencies provided follow-up training to their staff on the ReNEW 2.0 developed BMI and Motivational Interviewing Guidance documents.</p> <p>Through LAP review and Program Operations MER 50% of local agencies will develop a measurable strategy to distribute and discuss the Childhood Overweight and Obesity WIC Fast Facts flyer to pediatric practices as part of their local Outreach Plan.</p> <p>Through State MER observations and chart reviews 90% of local agency staff will incorporate concepts from childhood BMI guidance document to ensure parents receive appropriate information and resources for reducing risks of childhood overweight and obesity.</p>	<p><u>2019 WIC Objectives:</u> Overweight: ≤ 15% Obesity: ≤ 10%</p> <p>a. OVERWEIGHT: BMI ≥ 85thile to <95thile</p> <p>FFY 2013 <u>Target:</u> ≤ 7.5% <u>Average:</u> 12.6% <u>Range:</u> 9.4% - 15.8%</p> <p>FFY 2014 <u>Target:</u> ≤ 10.0% <u>Average:</u> 12.2% <u>Range:</u> 7.3% - 16.6%</p> <p>FFY 2015 <u>Target:</u> ≤ 10.0% <u>Average:</u> 15.5% <u>Range:</u> 8.7% – 18.6%</p> <p>FFY 2018 <u>Target:</u> ≤ 15.0% <u>Average:</u> 15.0% <u>Range:</u> 11.3% - 21.8%</p> <p><u>FFY 2019 Target:</u> ≤ 15.0%* <u>Average:</u> 15.3% <u>Range:</u> 10.1% - 20.1% * Partial year data</p> <p>b. OBESITY: BMI ≥ 95thile</p> <p>FFY 2013 <u>Target:</u> ≤ 7.5% <u>Average:</u> 13.1% <u>Range:</u> 7.3% - 18.3%</p> <p>FFY 2014 <u>Target:</u> ≤ 15.0% <u>Average:</u> 12.3% <u>Range:</u> 6.7% - 17.9%</p> <p>FFY 2015 <u>Target:</u> ≤ 15.0% <u>Average:</u> 15.2% * <u>Range:</u> 13.3% – 22.4%</p> <p>FFY 2018 <u>Target:</u> ≤ 10.0% <u>Average:</u> 15.1% <u>Range:</u> 8.7% - 21.1%</p> <p><u>FFY 2019 Target:</u> ≤ 10.0%* <u>Average:</u> 15.0%</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports.</p> <p>All local agencies include in their 2018 LAP measurable strategies for reducing prevalence of childhood overweight and obesity. See 2.8</p> <p>Results of monitoring show 90% of local agencies use effective educational methods, including MI and iPause, providing appropriate referrals, and offer education materials to parents to assist in developing healthy behaviors for their children.</p> <p>By September 30, 2019, all local agencies will implement BMI and Motivational Interviewing Guidance documents.</p>	<p>The State average for childhood overweight was 15.3%, slightly higher than FY 2018. For childhood obesity, we did not meet the target at 15.0% average for all local agencies.</p> <p>Focus of State agency provided Program Nutritionist (PN) training this year was to increase the use of Tell Me More About Your Child tool to more effectively counsel participants on behaviors that contribute to reduction of child overweight and obesity. June PN meeting specifically reviewed tool question by question and rationale for inclusion. Suggestions for incorporating tool into clinic services were addressed.</p> <p>3 of the 4 (75%) local agencies reviewed thus far in FY19 utilize the Tell Me More for child participants at either mid-certification or recertification appointments. However, staff still struggle with effectively utilizing the tool in both assessment and counseling. Training including coaching & mentoring should continue to</p>
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	80% of local agencies will implement WICSmart modules for obesity/overweight prevention.	<p>Range: 9.3% - 20.7% * Partial year data</p> <p>Data Sources: thru FFY 2017: CT SWIS, Outcome Objective: Childhood Overweight & Obesity; quarterly reports by federal fiscal year.</p> <p>FFY2018-2019: CT-WIC MIS (Management Information System).</p>		<p>occur at the local agency level.</p> <p>3 of the 4 (75%) local agencies reviewed thus far in FY19 have implemented WICSmart modules for obesity/overweight prevention. WICSmart module completion continues to increase. Previously WICSmart was offered to children 2-5 years of age however we have expanded eligibility to include low risk children 1-5 years of age.</p>
<p>2.5 At least 70% of infants enrolled in the WIC Program (have mothers who) initiate breastfeeding.</p>	<p>Through State MER observations and chart audits 80% of local agency staff will incorporate and document concepts from breastfeeding content sheets (exclusive breastfeeding, milk supply, supporting overweight and obese mothers' breastfeeding goals, SBB, and PMAD) into prenatal education and counseling.</p> <p>Continue to investigate use of prenatal Make a Plan-breastfeeding checklist into individual or group prenatal counseling/education.</p> <p>State Breastfeeding Unit will facilitate quarterly WIC Local agency Breastfeeding Coordinators' meeting and activities. (Oct/Jan/April/July)</p> <ul style="list-style-type: none"> Update and train local agency staff on revised CT Guidelines for Breastfeeding Promotion 	<p>2019 WIC Objective: ≥70%</p> <p>FFY 2012 Target: ≥ 60.0% Average: : 69.9% Range: 48.5% - 91.4%</p> <p>FFY 2013 Target: ≥ 65.0% Average: : 75.9% Range: 66.7% - 90.7%</p> <p>FFY 2014 Target: ≥ 65.0% Average: : 76.2% Range: 59.3% - 93.0%</p> <p>FFY 2015 Target: ≥ 65.0% Average: 77.3% Range: 58.0% - 92.3%</p> <p>FFY 2018 Target: ≥ 70.0% Average: 80.8% Range: 62.8% - 94.9%</p> <p>FFY 2019 Target: ≥ 70.0%* Average: 81.3% Range: 61.2% - 94.4% * Partial year data</p> <p>Data Sources: thru FFY 2017: CT SWIS, Outcome Objective:</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports.</p> <p>Results of monitoring show greater than 80% of local agencies are using effective educational methods, including MI and appropriate education materials to assist mothers in making an informed choice on infant feeding.</p> <p>Results of monitoring show greater than 80% of local agencies use effective educational methods, including MI, 3-step counseling and, iPause. Staff review Make a Plan (breastfeeding checklist) to assist mothers in preparation to increase</p>	<p>We are consistently meeting the target of 70% breastfeeding initiation. The state average for FY 2019 was 81.3% using partial year data. We will increase the target in FY 2021.</p> <p>During MER observations 100% of local agencies utilize education materials to assist mothers in making informed infant feeding choices, not all staff in all local agencies are consistent with effectively using materials to enhance counseling. In addition there were notable findings related to documentation of staff utilizing education materials in chart audits in 3 of the 4 (75%) agencies reviewed in FY19.</p>

	<p>and Support by December 30, 2018.</p> <ul style="list-style-type: none"> Determine if updates to existing content sheets are needed by January 2019. <p>In FY 2019, continue to incorporate the Breastfeeding Unit staff into scheduled monitoring visits for 2 local agencies. (one review will include agency with peer program) See 2.6.</p> <p>Work with CBC's CT Ten Step Collaborative in two areas:</p> <ul style="list-style-type: none"> Increasing evidenced based maternity care and implementation of the Ten Steps to Successful Breastfeeding (dissemination of "It's Worth It" campaign materials and messages). Improving community support and connections between hospitals and WIC 	<p>Breastfeeding Initiation; quarterly reports by federal fiscal year.</p> <p>FFY2018-2019: CT-WIC MIS (Management Information System).</p>	<p>successful initiation of breastfeeding.</p> <p>Results of 2 enhanced Breastfeeding MERs, show documentation of 80% compliance with CT Guidelines for Breastfeeding Promotion and Support</p>	<p>Updated Breastfeeding Promotion and Support Guidelines were forwarded to local agencies in January 2019. Breastfeeding Coordinators' met quarterly as scheduled. See attached agenda/summaries for meetings. Focused on update for breast pump content sheet training for staff. Reviewed updates and new content at July 2019 BF Coordinators' meeting.</p> <p>80% of local agencies are utilizing effective and appropriate education materials to assist mothers in successful initiation of breastfeeding. The Nutrition Services monitor was able to observe 3 of the 4 local agencies utilizing the Make A Plan (MAP) checklist during counseling. Although MAP was documented consistently in prenatal charts. On three occasions, we noted that staff in 1 local agency used the MAP with PP moms, which is not the intended audience.</p>
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				FY19 monitoring has revealed discrepancies in documentation of breastfeeding education and support provided to prenatal participants. Training including coaching & mentoring should continue to occur at the local agency level.
2.6 At least 50% infants enrolled in the WIC Program are breastfed for 6 months or more.	<p>Monitor local agencies compliance with entering BF ceased date when dyad ends breastfeeding. Monthly reports will be generated and distributed until CT-WIC fix is implemented.</p> <p>Through State MER observations and chart audits 80% of local agency staff will incorporate and document concepts from duration focused breastfeeding content sheets (building and maintaining milk supply, pumping for work/school, pumping for medical reasons, jaundice, PMAD, SBB), HUSKY breast pump access, and overview of CT breastfeeding laws, into individual or group prenatal counseling/education.</p>	<p>2019 WIC Objective: $\geq 50\%$</p> <p>FFY 2015 Target: $\geq 10.0\%$ Average: 61.5% Range: 41.3% – 87.9%</p> <p>FFY 2018 Target: $\geq 50.0\%$ Average: 69.4% Range: 44.9% - 91.4%</p> <p>FFY 2019 Target: $\geq 50.0\%*$ Average: 65.5% Range: 40.8% - 90.7% * Partial year data</p> <p>Data Sources: thru FFY 2017: CT SWIS, Outcome Objective Breastfeeding Duration; quarterly reports, by federal fiscal year.</p> <p>FFY2018-2019: CT-WIC MIS (Management Information System).</p>	CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports.	<p>While we met our target for FY 2019, with a state average of 65.5% (partial year data); we saw a slight dip from FY 2018. This could be a leveling out of the data as we had issues with the BF ceased date field in CT-WIC during FY 2017 and 2018. Per the results of the reports detailed below, the CT-WIC issues have been corrected. We are confident in this data and we will wait until FY 2021 to increase the target to ensure the data are stable for FY 2020.</p> <p>Data shows that BF ceased date issue is resolving as of June report only 2 charts had omitted data.</p> <p>40% of local agencies monitored are providing accurate information</p>

	<p>Train LA Breastfeeding Coordinators on implementation of Make it Work checklist by December 2018.</p> <p>Provide oversight and technical assistance to 3 WIC clinic based Breastfeeding Peer Counseling Programs through on-site visits, conference calls and review of quarterly program and financial reports.</p> <p>Monitor performance of Breastfeeding Heritage and Pride (Hartford and New Haven) programs through on-site visits, conference calls and quarterly progress and financial reports. Per contractual language maintain a 40% breastfeeding rate at established intervals.</p>		<p>Quarterly activity and expenditure reports from peer counseling contractors, including # of women enrolled and duration rates are reviewed and approved.</p>	<p>regarding breast pumps, assistance with returning to work and breastfeeding and resources that outline CT breastfeeding laws.</p> <p>FY19 monitoring has revealed discrepancies in documentation of breastfeeding education and support provided to breastfeeding participants. Training including coaching & mentoring should continue to occur at the local agency level.</p> <p>Training was provided during January 2019 conference call for the Make it Work checklist. Additionally, the breast pump policy and procedures were updated in 2019 and will be finalized by October 2019. None of the local agencies monitored were using the Make it Work checklist due to persistent warehouse issues. In FY 2020, we will continue to monitor for implementation of this checklist when appropriate.</p> <p>See Breastfeeding Implementation Plan Update for details on these peer counseling activities.</p>
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	<p>Continue to monitor implementation of peer-counseling module in CT-WIC, including development of consistent, automated data reports for peer counseling programs.</p> <p>State IBCLC to continue to work with CLCs at local WIC program on IBCLC exam requirements.</p> <p>If funding is awarded, work with SNAP Ed. and Chronic Disease programs to coordinate relevant portions of CDC Cooperative Agreement, specifically increasing community breastfeeding support and compliance with workplace lactation accommodations.</p> <p>Actively participate in the CT Breastfeeding Coalition (CBC).</p>		<p>CT-WIC Peer counseling modules are being used appropriately in agencies with peer counseling programs.</p> <p>Local agency staff that pursues IBCLC meets exam requirements and passes exam.</p>	<p>Two additional WIC Nutritionists sat and passed the IBCLC in FY 2019.</p> <p>CT-DPH was awarded CDC 1807 SPAN cooperative agreement. See attached details on SHAPE cooperative agreement impacts. SPAN update will be provided in FY 2020.</p> <p>Presented at CT-CBC conference on June 6, 2019 regarding DPH work in</p>
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				breastfeeding. See attached presentation.
<p>2.7 Monitor the successful implementation of CT-WIC via policy revisions, provision of State and local staff training and technical assistance, update of CT-WIC marketing and participant training materials (WIC Shopper App/and transition to 3Sigma App)</p>	<p>Facilitate bi-weekly Maintenance and Support Calls for 2019. Develop Release Notes for quarterly CT-WIC releases.</p> <p>Revised food list will be completed and distributed to local agencies by December 31, 2018. Review of the food list will be ongoing and revisions will be made as necessary.</p> <p>The Nutrition and Vendor Units are developing a project titled the Participant Shopping Experience Initiative that began in FY18. A vendor management staff member will visit six local agencies (off year from monitoring visits) to complete 25 participant surveys per permanent site. The results of the surveys will be analyzed to identify the top 5 training needs regarding the WIC Shopping Experience. The primary focus of the surveys is to identify further training needs for vendors, local agency staff as well as protocol for dissemination of information to participants. Survey analysis will be completed by September 2019.</p> <p>Development of the 3 Sigma Mobile App will begin in October 2018. The 3 Sigma Mobile App will have an</p>	2018 Help Desk Calls.	<p>Reduction of Help Desk calls from local agencies and participants related to eWIC shopping experience and/or CT-WIC policies.</p> <p>Although a baseline of complaints received monthly has not been identified the overall goal would be to decrease the number of complaints received at the State agency and to improve the overall shopping experience for the participant thus resulting in improved retention rates.</p>	<p>Revised food list was completed and delivered to local agencies for January 1, 2019.</p> <p>100% of local agencies reviewed were commended for consistently providing support and education to participants on the shopping experience.</p> <p>The Participant Shopping Experience Initiative did not materialize as planned d/t staff resources. See Functional Areas 3 and 4 for more details.</p>

	<p>interface with CT-WIC which will allow participants to view the Connecticut WIC Food Guide and their benefit balance at any time. Deployment of the app is scheduled for January 2019. WIC Shopper services will continue during the transition phase. WIC Smart services will continue past March 2019.</p>			<p>The 3 Sigma Mobile app is schedule to deploy by October 1, 2019. Delays d/t other CT-WIC fixes. WIC Shopper app/services will run through December 2019 to avoid gaps in service and for a smooth transition. WIC Shopper app will have participant balances by August 2019.</p>
<p>2.8 At least 50% of local agency submitted 2019 Local Agency Plans will have measurable strategies included for nutrition outcome objectives. Local agency liaisons will make at least 1 in-person visit or phone call to each local agency to provide technical assistance in FY 2019. (Total 12 visits/calls)</p>	<p>Local agency plan tracking spreadsheet finalized in September 2018.</p> <p>Liaisons will meet at least 2 times in FY 2019 to discuss tracking spreadsheet and make adjustments as needed.</p> <p>At least 50% of local agencies implemented their stated LAP measurable strategies for FY 2018.</p> <p>Use FY 2018 baseline % to evaluate if local agencies made progress or met target for including measurable strategies in the 2019 LAP for each nutrition outcome objective:</p> <ul style="list-style-type: none"> • 80% for appropriate MWG • 70% for LBW infants • 100% for prevalence of anemia in children • 100% for reducing the 		<p>Data from local agency plans (2018 evaluation and 2019 resource allocation) liaison visits (TA checklist)</p> <p>LAP outcomes summary tool</p> <p>During technical assistance visits, local agency liaisons will discuss the local agency's progress at achieving its measurable strategies for all nutrition outcome objectives.</p> <p>Trends or issues identified at liaison meeting/discussion 2x/year.</p>	<p>Liaisons met on three occasions to discuss the LAP tracking spreadsheet to ensure consistent entries into the document.</p> <p>During FY 2019 the tracking form was tweaked to ensure results were accurate. Slight modifications are expected for FY 2020.</p> <p>36.4% and 55.7% of local agencies either met or partially met their (implemented per progress write-up) stated LAP measurable strategies for FY 2018.</p> <p>MWG: In general we saw a small decline in agencies' developing measurable strategies for this objective. While we met 80% target with agencies with a partial met or actually met, we have</p>

	<p>prevalence of overweight and obesity in children</p> <ul style="list-style-type: none"> • 100% for increasing breastfeeding initiation for mothers on the WIC Program for 6 months or more during pregnancy • 100% for increasing breastfeeding duration for infants to 6 months or more <p>100% of local agency liaisons complete at least one TA visit or phone call in FY 2019 for their respective agencies.</p> <p>Liaisons will meet internally twice, to discuss results from TA and any trends identified from visits/calls.</p>			<p>1 agency that didn't meet this goal.</p> <p>27.3% met target for including measurable strategies for appropriate MWG in their FY 2019 LAP.</p> <p>63.6% partially met target for including measurable strategies for appropriate MWG in their FY 2019 LAP.</p> <p>9.1% needs improvement in developing measurable strategies for appropriate MWG.</p> <p>LBW infants: Like MWG objective, we saw a decline the number of agencies that met target or made progress or were rated as partial in developing measurable strategies. Two local agencies did not meet the target. We did meet our target of 70% when we combine met and partial numbers. However, we will need to work with those agencies in FY 2020 that did not develop measurable strategies in this area.</p> <p>27.3% met target for including measurable strategies for LBW in LAP.</p>
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				<p>54.5% partially met target for including measurable strategies for LBW in LAP.</p> <p>18.2% need improvement in developing measurable strategies for LBW.</p> <p>Anemia: While we did not meet the 100% goal, we were close with 91% when those agencies that met the target and partially met the target are considered. More agencies met the target in FY 2019, than in FY 2018.</p> <p>45.5% met target for including measurable strategies for Anemia prevention for the LAP.</p> <p>45.5% partially met target for including measurable strategies for Anemia prevention in the LAP.</p> <p>9.1% did not meet or need improvement in developing measurable strategies for Anemia prevention in the LAP</p> <p>Child Overweight and Obesity: Compared to FY 2018, local agencies showed much</p>
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				<p>improvement in development of measurable strategies, although we did not meet the target of 100%, we did have a combined 80% for those that met or partially met this target for overweight and obesity.</p> <p>36.4% and 36.4% met target for including measurable strategies Child Overweight and Obesity for respectively, for the LAP.</p> <p>45.5% and 45.5% partially met target for including measurable strategies for Child Overweight and Obesity, respectively, in the LAP.</p> <p>9.1% need improvement in developing measurable strategies for including measurable strategies for Child Overweight and Obesity in the LAP.</p> <p>And 9.1% did not include measurable strategies for Child Overweight and Obesity in their LAP.</p> <p>Breastfeeding Initiation and Duration:</p>
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				<p>We did meet our target of 100% for breastfeeding initiation when we combine the met and partial numbers. For Breastfeeding Duration however, we fell short of our goal of 100%. 1 local agency did not develop measurable strategies and compared to FY 2018, we saw a decline in the number of agencies that met the target as opposed to partial.</p> <p>27.3% and 36.4% met target for including measurable strategies for Breastfeeding Initiation and Duration respectively, for the FY 2019 LAP.</p> <p>72.7% and 54.5% partially met target for including measurable strategies for Breastfeeding Initiation and Duration respectively, in the FY 2019 LAP.</p> <p>9.1% need improvement in developing measurable strategies for Breastfeeding Duration in the FY 2019 LAP.</p> <p>Overall data from the summary of the LAP submissions show local agencies need additional</p>
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				<p>training in development of measurable strategies and evaluation. A significant portion of the monthly Program Nutritionist meetings in FY 2019 were dedicated to improving LAP development and evaluation. Mentoring around conducting observations and providing constructive criticism will occur in FY 2020.</p> <p>All Liaisons met with their local agencies met or exceeded the number of visits required during FY 2019. Liaisons averaged 4 visits per agency.</p> <p>Liaisons also met twice in FY 2019 to discuss trends and/or share feedback from visits. We plan to continue this process in FY 2020.</p>
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*See Functional Area 12, Data Quality, Analysis and Reporting for information Epidemiology and IT specific activities related to on these strategies.

Program Functional Area 3: FOOD DELIVERY AND FOOD INSTRUMENT ACCOUNTABILITY

Goal 3: To improve food delivery operations at the state and local agency level.

Objective: 3.1 Conversion from Beech-Nut infant cereal and jarred baby food to all brands.

Objective: 3.2 Improve the participant shopping experience.

Objective: 3.3 Implement new minimum inventory requirements.

Objective	Strategies/Activities	Baseline	Indicators	Progress
3.1 Conversion from Beech-Nut infant cereal and jarred baby food to all brands.	Add new products to the Authorized Product List with an authorization and EBT effective date of January 1, 2019.	October 2018		By 12/28/18 all infant food products were added to the APL.
	Update CTWIC minimum inventory screens, monitoring reports, WIC Shopper and mobile apps with new food guide.	November 2018		Bulletin and minimum inventory changes sent to vendors on 12/7/18, as well as updates finished on monitoring reports. CTWIC Min Stock screen updated 4/22/19 with Release 2.3 deployment to Production. JPMA modified the WIC Shopper app upon request.
	Uncheck "Contract Item" in Nutrition module and remove Beech-Nut products from the rebate list in Finance Module with effective date of January 1, 2019.	December 2018	Last report rebate will be for December 2018.	Completed in February 2019, and rebate report no longer includes baby food items, only rebateable contract formulas.

	Create a communication to inform families of infant participants who have been restricted to purchasing Beech-Nut brand infant cereal and jarred baby foods that any brand in the APL is allowed as of January 1, 2019.	December 2018	30 day transition from Beech-Nut products to new brand.	Numbered Memo sent to local agencies on 12/12/18.
	Notice to authorized vendors by October 1, 2018 of new brands that will be added to the APL.	October 2018	Beech-Nut contract ends December 2018. Vendors given 3 months to adjust stock.	Vendor bulletin mailed out December 7, 2018.
	Determine if redemptions increase with offering a variety of brands.	July 2018	43.5% non-redemption of infant cereal 35.3% non-redemption of infant f/v 75.4% non-redemption of infant meats	As of 6/30/19: Average of 43.2% non-redemption of infant cereal (redemption increased by .3%) Average of 33.7% non-redemption of infant f/v (redemption increased by 1.6%) Average of 68.4% non-redemption of infant meats (redemption increased by 7%)

<p>3.2. Improve the participant shopping experience.</p>	<p>Select agencies not being monitored in this fiscal year. Conduct observations of staff training and participant surveys.</p>	<p>One agency completed in FY18.</p>		<p>Visit to East Hartford on March 29, 2019 and 25 surveys completed. Revised process for completing participant surveys after experiencing challenges with conducting surveys in person. Request from IT a query identifying all newly certified participants from 7/15/2019 through 8/30/2019 with Authorized Person Name, Phone Number, Preferred Language, by permanent site State WIC Nutrition and FRVM staff will split the list 6 ways and call participants to complete the survey. The goal is to have 100 completed surveys by September 30, 2019.</p>
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	Work with mobile apps for participants to obtain current benefit balances.	Family Benefits List is only accurate before first purchase	App use is confusing due to products being approved (in the APL), but not in their food package.	Comments on 3Sigma mobile app testing sent on 3/15/19. Deployment of mobile app slated for December 2019. 3Sigma is in receipt of properly formatted images as of 7/18/19.
	Obtain feedback and FAQs from local agency staff shopping trips with test cards.	November 2018	Questions from local agencies on approved foods and participant confusion on using food benefits.	Tracked usage in November 2018 to assure that all agencies had been shopping and used their WIC cards. Responded to their questions, vendor issues were referred for monitoring. Local agency staff shopped between the months of November 2018-April 2019.
	Standardized training program for local agencies to train participants on obtaining balance inquiries, looking for shelf labels, using a mobile app for WIC approved products.	October 2018	Number of calls received about participants not knowing how to use card.	Presentation of results will be given to all local agency staff at a statewide meeting on December 6, 2019.
3.3 Implement new minimum inventory requirements.	Change paper and tablet monitoring reports, future training presentations.	October 2018	Low redemption of concentrated juice for all store types.	Reports were changed for October 1, 2018, training presentations were changed for January

				and May 2019. Changes were made also to baby food requirements to allow all brands on 1/1/19.
	Update CTWIC site visit and monitoring screens.			3Sigma exposed tables in release 2.3 in April 2019, and minimum inventory was updated.
	Send bulletin to notify authorized vendors of changes.			Bulletin mailed at the end of FY18 on September 7, 2018.

Program Functional Area 4: Vendor Management

Goal 4: To improve communication and effectiveness in Vendor Management.

Objective: 4.1 Improvements in reporting vendor data.

Objective: 4.2 Review past cases of violations and sanctions associated with compliance investigations and the Vendor Agreement selection criteria.

Objective: 4.3 Develop policies and establish business processes for a Policy and Procedure Manual.

Objective: 4.4 Full usage of CTWIC.

Objective: 4.5 Quarterly or more frequent enrollment periods throughout the year.

Objective: 4.6 Inventory audits on open enrollment vendors after six months of redemptions.

Objective 4.7 Training videos to supplement interactive vendor training

Objective	Strategies/Activities	Baseline	Indicators	Progress
4.1 Improvements in reporting vendor data.	Utilize CTWIC to improve tracking for monitoring visits, closure of investigations, referrals to SNAP on WIC DQs.	September 2018		Monitoring staff are meeting and planning an enhancement for the 2.5 release in Fall 2019.
	Request that all CTWIC reports have an Excel export option.	September 2018	Most reports are in pdf and not functional	Reports were not part of the original contract, and several CTWIC reports do not function. Excel reports are extracted from CTWIC data as needed by IT staff. Reports will be focused on in Q1 in FY20.
	Create an end of year newsletter including vendor statistics and graphs.		# of complaints # and types of violations and sanctions	Graphs on number of stores, redemptions of food items at small, medium and large stores was obtained.

			<p>Vendor compliance: Monitoring Visit Outcomes-Passed vs Failed</p> <p>Terminations by Type: Voluntary Withdrawal, Sale of Business, Store Closed, Termination for Cause, Contract Non-Renewal, peer group</p> <p>New authorizations: application status, peer group assignment</p>	<p>Newsletter will be emailed in September 2019.</p>
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4.2 Review past cases of violations and sanctions associated with compliance investigations and the Vendor Agreement selection criteria.	Identify common practices for sanctioning violations of the Agreement	Patterns for multiple violations	Vendors failing to meet the terms of the Agreement	Created a spreadsheet to track all past sanctions and frequency of the violation.
	Create and revise policies and procedures to establish patterns of violations not detailed in the sanction schedule.	Review policies and procedures	Number of times vendors are not compliant with the Agreement	Transaction audit process was established. Began non-selections for price posting selection criteria.
	Modifications to training presentations to highlight areas of the greatest non-compliance.	Open enrollment, renewal and high risk trainings.	Sanction letters High Risk Vendor report	Added and discussed examples of violations that have occurred during transactions. Shared participant Family Benefits List during presentations to illustrate items within the category that WIC participants can select.
4.3 Develop policies and establish business processes for a Policy and Procedure Manual.	Document new processes as a result of changes to business practices for sanctioning vendors		Changes to the WIC Vendor Agreement	Inventory audit policy complete. Revisions to participant access criteria were made as a result of participant redemption analysis due to the conversion to eWIC. Discussions with USDA are ongoing on additional changes.
	Finalize policies and established business processes for a Policy and Procedure Manual.	Limited number of policies and procedure in writing.	Individual knowledge of tasks	Policy and process documents are on the unit's shared drive. Changes are made as needed and situations arise.
	Modify the CT WIC Manual for the Vendor Module based on enhancements made.		Findings and Observations from FY14 VM ME that require the use of new MIS.	Process documents have been modified, but the CTWIC Manual for Vendor and Nutrition Modules will be carried over to FY20.

4.4 Full usage of CTWIC.	Update authorized vendors on WIC activities through system generated emails.	Limited emails received in August 2018	Increasing vendor's knowledge of changes and program updates.	3 mass emails have been sent since the creation of an authorized vendor listserv (1/18/19, 3/8/19, 7/12/19). Mass email (CT WIC generated by a manual operation performed by WIC IT) was deployed with information regarding Renewal 2019 4/23/19. State of Connecticut email policies preclude the use of the Bulk Email function in CT WIC due to restrictions in the number of emails that can be sent at any one time.
	Modifications to Vendor Portal for application submissions, bug fixes, and access to documents the state indicates as vendor visible Vendor access to Conduent portal for WIC payments.	Manual processes	Number of applications that are unable to be submitted by the applicant user. Reduction of paper monitoring reports and greater reliance on available technology for vendors to retrieve their own information.	Releases 2.2, 2.2 Patch, 2.3 and 2.3 Patch addressed CTWIC bugs and enhancements. Bulletin was sent in last fiscal year in October 2017 informing vendors of the EPPIC portal. Vendors are not utilizing this resource; per Conduent, there have been 39 logins since February 2016 and during FY19, 8 vendors have accessed the portal for a total of 17 times. Integrated vendors can access information through their Third Party Processors.

	Q2 Enhancements for increased access to EBT data through CTWIC.	Database only accessible through IT. Report requests	Amount of time to acquire information.	Reporting capabilities are limited in CTWIC, and canned reports do not meet the needs of Connecticut WIC. DPH IT is working with the Program to produce monthly automated reports.
	Utilize CTWIC via tablet to allow real-time access to vendor information and provide electronic record of monitoring visits.	Monitoring visits currently done on paper.	Number of electronic documents available through the vendor portal to the MIS.	Tablet monitoring began in November 2018. Some monitoring visits are Word documents that are emailed to the vendor and a limited number were documented directly into CTWIC.
4.5 Quarterly or more frequent enrollment periods throughout the year.	Q1 Earlier notification of open enrollment period on webpage.	Posting by 2 nd week of January	Increase in vendors being aware of the enrollment period, and decrease in phone calls to State Office asking when it will be offered.	Open enrollment was posted on the website on 1/4/19.
	Non-selection letter issued onsite when vendor exceeds the number of failed monitoring visits allowed.	4 months for notifications of non-selection.	Reduce time to 1 month from application to when vendor fails to meet a selection criterion.	As of 7-31-19, Program has not had any non-selections based on violations found during onsite monitoring visits.

	Q2 Upon implementation of CTWIC modifications to the vendor portal, consider quarterly or monthly enrollment periods.	25 applications received in January 2018.	Fewer applications to process throughout the year vs. all at once	Application and authorization process functions properly in CTWIC, and the portal may be opened at any time for an enrollment period. 14 applications were received during open enrollment in January 2019. Request to apply for WIC authorization at times outside of January have been minimal and less than 5 in the fiscal year. There is not as much need for additional enrollment periods, as fewer vendors are requesting WIC authorization due to vendors now being responsible for the cost of WIC-only equipment.
4.6 Open enrollment inventory audits after six months of redemptions.	Inventory audit on one to two items for one month.	N/A	Importance of record keeping and compliance	New vendors were authorized in March 2019; inventory audits will be conducted in Q1 of FY20.
	Use as vendor education for keeping receipts, good business integrity, fraud prevention.		Number of vendors who have not provided valid inventory records.	
4.7 Training videos to supplement interactive vendor training	Work with DPH Office of Communications to develop training videos to be used for open enrollment and renewal trainings.		Consistent messaging for all training sessions	Program was not able to begin project before open enrollment and renewal trainings began in January and May 2019 respectively. Project will be carried over to FY20.
	Post on website for vendor use in training additional staff.		Assistance to train more employees on WIC policies and procedures.	

Program Functional Area 5: Management Information Systems

Goal 5: To maintain and enhance the WIC IT infrastructure.

Objective: 5.1 Implement solutions or new technologies to address changes in USDA regulations and/or state policy.

Objective: 5.2 Establish a master schedule for all WIC IT projects

Objective: 5.3 Move towards a self-service reporting environment for regular WIC information needs

Objective: 5.4 Develop a new MIS equipment obsolescence plan.

Objective: 5.5 Increase staff knowledge and utilization of current IT languages, tools and techniques

Objective: 5.6 Implement new technologies to enhance productivity or system security.

Objective: 5.7 Begin procurement planning for next EBT contract

Objective	Strategies/Activities	Baseline	Indicators	Progress
5.1 Implement solutions or new technologies to address changes in USDA regulations and/or state policy.	Add additional functionality to CTWIC.	MI-WIC implementation project complete.	Timely update of changes to reflect USDA policies	Additional functionality was added to the system prior to cancellation of our support contract.
5.2 Establish a master schedule of all WIC IT projects.	Maintain a master schedule of IT activities.	Master calendar created and maintained.	Master calendar created and maintained.	??
5.3 Move towards a self-service reporting environment for regular WIC information needs.	Implementing data dashboard to replace file and paper distribution	Dashboards in development. Some reports are self-service. Other reports still being emailed to Local agencies.	Pilot intranet or report server. Pilot ad hoc reporting capability.	Reporting tool is not supportable long term. Other options are being evaluated.

5.4 Develop a new MIS equipment obsolescence plan.	Continuing equipment refresh every three to four years.	Current IT infrastructure is a client/server environment on windows platform using technical control is as follows: Routers are managed by DAS Bureau of Enterprise Systems and Technology, while switches, servers, desktops, laptops, tablets and printers are managed by DPH/WIC IT, providing the necessary security, constant monitoring of database and network, equipment refreshment and maintenance.	Age and maintenance.	??
5.5 Increase staff knowledge and utilization of current Programming languages, tools and techniques.	Staff have access to training library Training on new version of Focus reports to leverage legacy reports with new dashboard technology.	Staff have access to library as needed.	Staff are utilizing training library.	??
5.6 Implement new technologies to enhance productivity and system security.	Replace ASE lines with cable. Add smart phone app functionality for participant use.	ASE lines and no connectivity for smart phone apps	BEST implementation of contracts for cable services	All local agencies are transitioning to Cable and the MIS server is being moved to the state's data center.
5.7 Begin procurement planning for next EBT contract	Participate in NCS calls and document reviews to get RFP ready for reissue	Using original RFP from current NCS contract	Document is updated and ready to issue RFP	Participating in monthly calls and document reviews.

Program Functional Area 6: Caseload Management/Outreach

Goal 6: Effectively reach all eligible individuals as resources allow, and achieve the maximum caseload capacity to serve the greatest number of women, infants and children.

By September 30, 2019:

Objective 6.1: Target a 2% increase over 2018 first trimester enrollment rates. (22.1%)

Objective 6.2: Determine baseline for child participation/retention in 2017/2018. Based on baseline, develop target for improvement. Monitor child participation rates in seven local agencies in 2019.

Objective 6.3: 100% of FY 2019 Local Agency Plans (LAP's) will include an Outreach Plan with measurable strategies.

Objective 6.4: All local agencies will review and use CT-WIC no-show tracking report to improve access to WIC services. Establish baseline using information from CT-WIC report.

Objective	Strategies/Activities	Baseline	Indicators	Progress
6.1 Target 2% increase over 2018 first trimester enrollment rates.	<p>100% of LAP's Outreach Plans, includes a measurable strategy focused on 1st trimester enrollment.</p> <p>Based on 2018 MER results, the Program Operations Monitor will highlight at least 2 best practices for increasing 1st trimester enrollment at a Statewide meeting in 2019.</p>	<p>2019 WIC Objective: ≥ 40%</p> <p><u>FFY 2011:</u> 68.8% Range: 59.0% - 81.1%</p> <p><u>FFY 2012:</u> 72.1% Range: 48.9% - 85.4%</p> <p><u>FFY 2013:</u> 73.0% Range: 48.6% - 86.6%</p> <p><u>FFY 2014:</u> 72.3% Range: 53.8% - 83.3%</p> <p>FFY 2015: 28.4%* Range 20.5% - 34.2% (* 9-month average)</p> <p><u>FFY 2018 Target:</u> ≥ 40.0% Average: 19.5% Range: 7.0% - 40.4%</p> <p>FFY 2019 Target: ≥ 40.0% * Average: 20.2% Range: 9.2% - 31.7% * Partial year data</p> <p><u>Data Sources:</u> thru FFY 2017: CT SWIS, Outcome Objective First Trimester Enrollment in WIC; quarterly reports, by federal fiscal year.</p>	<p>CT-WIC Process Objective Report (FY 2018) 1st trimester enrollment of pregnant women is greater than or equal to 40%.</p> <p>DPH/DSS exchange data at least quarterly on co-enrollment between WIC & HUSKY-A.</p> <p>100% of local agency plans will include measurable strategies to increase 1st trimester enrollment.</p>	<p>We did not meet our 2% increase. This area continues to be a focus of most local agencies outreach plans. Of note, some local agencies have developed key partnerships with Pregnancy Resource Centers to ensure early enrollment onto WIC. Additionally, another local agency trained Program Assistants to determine trimester of participants calling to apply for WIC using a prenatal wheel and asking about LMP in order to more effectively schedule an initial WIC appointment. Results will be reported in this year's LAP due September 30, 2019. Two local agencies were identified as having progressive outreach efforts to increase 1st trimester enrollment. Both agencies shared their success story at</p>

		FFY2018-2019: CT-WIC MIS (Management Information System).		the Program Nutritionist meeting on 6/2019.
6.2 Determine baseline for child participation/retention using 2017 and 2018 data. Based on baseline, develop target for improvement. Monitor child participation rates in seven local agencies in 2019.	<p>Investigate recent trends in child participation rate.</p> <p>Work with Epi and IT on baseline or target for 3-5 year old child participation.</p> <p>Track child participation rates in six local agencies that participated in the WIC & HS Better Together Project.</p>	TBD	Child participation rate and/or baseline target is established.	This was not accomplished and will be worked on in FY 2020.
6.3 100% of FY 2019 Local Agency Plans (LAP's) will include an Outreach Plan with measurable strategies.	<p>100% of FY 2019 LAP's will include an evaluation of prior year's outreach activities.</p> <p>Investigate to develop a baseline, the number of FY 2019 LAP's that include a locally developed Outreach Plan that incorporate measurable recruitment and retention strategies and utilizes materials provided in the Outreach Toolkit.</p> <p>During technical assistance visits, Local agency liaisons will discuss the development of a local Outreach Plan and measurable strategies.</p>	TBD	<p>100% of LAP submissions will have a FY 2019 local agency Outreach Plan that includes measurable strategies.</p> <p>75% of agencies reviewed in FY19 will have evidence that the WIC Outreach Toolkit was utilized in planning and measuring the effectiveness of outreach activities.</p>	<p>Per the FY 2019 LAP Plan checklist, 15% of Local Agency Plans submitted for FY19 included the local agency Outreach Plan with measurable strategies.</p> <p>Of the 4 agencies monitored so far in 2019, only 2 agencies consistently utilize the WIC Outreach Toolkit</p>

<p>6.4 Investigate local agencies' use of CT-WIC no-show tracking report to improve access to WIC services. Establish baseline for State no-show rate using information from MER and CT-WIC report.</p>	<p>Through State MER discussions with management staff, investigate number of local agencies reviewed during FY 2019 that report they review CT-WIC no-show reports on a weekly basis and use the results to modify and/or improve future schedules and show rates.</p> <p>During monitoring ensure local agencies are implementing proven strategies to reduce no-shows including</p> <ul style="list-style-type: none"> ▪ Retrieve and Utilize One Call report to manage clinic schedules and no show rates. <p>Based on 2019 MER results, the Program Operations Monitor will highlight at least 2 best practices for decreasing no show rates at a Statewide meeting or other appropriate venue in 2019.</p>	<p>TBD</p>	<p>Verification that all local agencies are tracking, analyzing and implementing and effective strategies to reduce no-show rate.</p>	<p>Of the 4 agencies reviewed so far in 2019, the show rate is tracked by 3 agencies on different schedules. The 4th agency was cited for not reviewing the agency's show rate report.</p> <p>Although 3 of the 4 local agencies reviewed thus far are monitoring their show rate report, the monitor did not identify any best practices.</p>
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Program Functional Area 7: Coordination of Services

Goal 7: Strengthen coordination of information and resources with other Connecticut State Agencies to respond to the needs of the WIC clients.

By September 30, 2019:

Objective: 7.1 Maintain active coordination with at least 75% of identified key partners in 2019.

Objective: 7.2 90% of reviewed charts/clinic observations during monitoring visits have appropriate mandated and targeted referrals.

Objective	Strategies/Activities	Baseline	Indicators	Progress
7.1 Maintain coordination with at least 75% of identified key partners.	<p>Continue to actively participate in State level MCH Task Forces, Head Start, Oral Health, Lead Prevention/IZ programs, HUSKY (Medicaid Managed Care) and DSS.</p> <p>Continue to coordinate with DPH Food Protection Program, Consumer Protection Agency, and DPH Environmental Epidemiology.</p>	<p>Letters of agreement or MOU's with Medicaid Managed Care (HUSKY), Immunization, SNAP-Ed, Child Enforcement Agency and TANF.</p> <p>Revise as needed policy and procedures on formula safety and recall.</p> <p>Executed MOU with OEC, CT-Head Start Association and 9 local grantees.</p>	<p>Improvement of service delivery to mutual clients.</p> <p>Ensure safety of food/formula provided to WIC participants. Current recommendations or guidelines relevant to WIC participants are sent to local WIC agencies.</p> <p>Final WIC SPG Deliverables are approved by FNS.</p>	<p>The State maintains partnerships with MCH, Immunizations and Lead Prevention programs. Presentations from IZ Program occurred at the March Statewide meeting and the NSU worked with the Lead Program to add a presentation to its Nutrition Assistant II training in 2019. Several connections and presentations were conducted in FY 2019 specific to the CHN-CT Intensive Care Management Program. A pilot collaboration between the Optimus local agency and the local CHN-CT community engagement unit occurred in FY 2019. We plan to evaluate and expand this program based on feedback in FY 2020.</p> <p>The State agency works as needed with DPH Food Protection Program, Consumer Protection</p>

Objective	Strategies/Activities	Baseline	Indicators	Progress
	<p>Continue to support WIC & Head Start Better Together Collaboration at 8 local agencies in FY 2019 via continuation of FY 2015 WIC SPG no cost extension through 9/30/2019. Sustaining activities include: Liaison visits, bi-annual survey, and inclusion of Better Together objectives in LAP Outreach Plans.</p> <p>Monitor and manage <i>Better Together</i> webpage as needed throughout 2019. Work with USDA-FNS staff to upload files to WIC Works.</p> <p>Work with IT to standardize retention data report. Work with CT-WIC lead to develop WIC & HS referral reports to facilitate follow-up.</p>		<p>Successful SNAP Ed workshops/displays at local agencies based on evaluations and feedback from SNAP Ed/local agencies/students SNAP-Ed Recipes utilized at local WIC agencies.</p>	<p>Agency, and DPH Environmental Epidemiology.</p> <p>The WIC & Head Start Better Together Collaboration continues in all 11 local agencies. All agencies received funds to support collaboration activities and/or begin implementation this year. Due to high staff turnover at the local agency Program Coordinator level in 2019, review of the collaboration is needed in FY 2020.</p> <p>Due to other program priorities, updates to the webpage were not made in FY 2019 but are intended in FY 2020. Project Co-Coordinator received several inquiries about the project resources. State agency staff attended the March 22nd Head Start Health Managers Network to promote and update on collaboration activities.</p> <p>Retention data report is being finalized and hope to implement in FY 2020.</p>

Objective	Strategies/Activities	Baseline	Indicators	Progress
	<p>Dependent on funding, continue SNAP Ed/WIC Program Collaboration to compliment WIC nutrition education efforts. Coordinate with SNAP Ed as needed with local agency workshops that include taste testing and cooking demonstrations at selected sites. Incorporate routine use of SNAP Ed recipes in WIC education/resources used.</p> <p>Continue quarterly participation in Connecticut Perinatal Quality Collaborative (CPQC) to facilitate the group's understanding of WIC Breastfeeding initiation and duration data and promotion and support strategies. Work with the CPQC to better coordinate hospital and community messaging about breastfeeding.</p> <p>Maintain partnership with CT Alliance on Perinatal Mental Health via implementation and sustainability of an annual PMAD related training. Provide feedback to Alliance re: community mental health resources identified through local agency networking.</p> <p>Determine report parameters for PMAD. Implement reports to monitor PMAD screening by September 2019.</p>		<p>Record of CPQC meetings.</p> <p>Ongoing implementation of WIC PMAD Screening Protocol.</p>	<p>See attached report.</p> <p>CPQC meetings were attended selectively in FY 2019. May have additional focus in FY 2020 based on new partnership with DMHAS and consistency re: Medication Assisted Treatment (MAT) for new mothers.</p> <p>Worked with PRAMS section to schedule FY 2020 training dates for reporting of PMAD data related to WIC participants.</p> <p>PMAD reports are in process and should be finalized by FY 2020. The MER has PMAD screening as an indicator. See Functional Area 2.</p>

Objective	Strategies/Activities	Baseline	Indicators	Progress
7.2 90% of reviewed charts/observations during monitoring visits have appropriate mandated and targeted referrals.	<p>Through State MER observations and chart audits 90% of local agency staff will document appropriate referrals per revised referral codes and referral policy and procedures.</p> <p>During technical assistance visits, Local agency liaisons will discuss the development of measurable strategies to improve provision and documentation of referrals addressing:</p> <ul style="list-style-type: none"> ▪ Improved documentation on provision of referrals & follow up. ▪ Improved consistency of use of referral codes. ▪ LA's develop internal process for tracking referrals (providing and following up). ▪ Reduction in review findings related to referrals 	N/A	<ul style="list-style-type: none"> ▪ Improved local level coordination with staff regarding referrals. ▪ All local agencies will utilize a Local Community Resource Guide on a regular basis. ▪ Improved documentation on provision of referrals & follow up. Improved consistency of use of referral codes by LA's. ▪ LA's develop internal process for tracking referrals (providing and following up). ▪ Reduction in review findings related to referrals. 	<p>75% of charts audited had appropriate documentation of mandated referrals.</p> <p>FY19 monitoring revealed that 3 of the 4 agencies reviewed would benefit from improved communication of referrals from front end staff to Nutritionists. In addition, follow up to targeted referrals occurred 50% of the time.</p> <p>100% of the local agencies reviewed in FY18 utilize a local resource guide</p>

Program Functional Area 8: Civil Rights

Goal 8: Establish and administer policies and procedures that ensure client-oriented customer friendly service environment for all applicants and participants and comply with Racial/Ethnic Federal mandate to ensure uniformity and comparability in the collection and use of data as required by OMB standards.

By September 30, 2019:

Objective: 8.1 Verify 100% of local agencies are in compliance with use of revised nondiscrimination statement requirements and OMB racial/ethnic data collection standards.

Objective: 8.2 Conduct annual civil rights training for state and local agency staff

Objective	Strategies/Activities	Baseline	Indicators	Progress
8.1 Verify 100% of local agencies are in compliance with use of non-discrimination statement requirements and OMB racial/ethnic data collection standards.	<p>During monitoring, request copies of LA developed brochures, handbooks, and/or other publications, webpages or social media accounts and review for proper usage of the nondiscrimination statement.</p> <p>Monitor to verify that Racial/Ethnic Data Collection procedures are followed at local agencies during FY 2019 reviews.</p>	Ongoing	<p>Each brochure and handout and webpage will contain the current USDA non-discrimination statement (NDS).</p> <p>Regulatory compliance as evidenced in monitoring reports.</p>	<p>Local agencies are monitored for compliance with the non-discrimination statement requirements on all local agency publications, websites and social media accounts. Whenever findings exits, a corrective action is required by the local agency.</p> <p>Monitoring results show that 3 of 4 local agencies monitored thus far in FY19 are in compliance with the use of the non-discrimination statement requirements.</p> <p>Results also show that 100% of the agencies monitored thus far in FY 19 adhere to the OMB racial/ethnic data collection standards.</p>

<p>8.2 Conduct annual civil rights training for local agency staff.</p>	<p>Annually, update and train all State and local staff on revised nondiscrimination complaint procedures and forms.</p> <p>Monitor for use of basic self-paced Civil Rights training into standardized WIC staff training expectations and competencies. (ReNEW 2.0 training subcommittee). Implement a self-paced annual Civil Rights training for all local agency staff. Provide short interactive session at Statewide Meeting (or webinar) to review CR concepts and application in clinic setting.</p>		<p>Initial self-paced Civil Rights training is implemented statewide.</p> <p>Annual interactive Civil Rights applied session is incorporated into Statewide Meeting annually.</p>	<p>On September 13th and 27th, 2018, all state and local agency staff were trained on the correct procedure for handling complaints alleging discrimination and/or civil rights; the LEP and public notification policy. The training was conducted by NERO. The Statewide annual Civil Rights training for Connecticut is scheduled for August 26, 2019 and on September 5, 2019</p>
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Program Functional Area 9: Certification & Eligibility

Goal 9: Improve and maintain program integrity in the areas of certification and eligibility.

By September 30, 2019:

Objective: 9.1 Investigate during MER (Nutrition Monitor) and State audits (Nutritionist Consultant Formula Lead (NCFL)), local agency compliance with State WIC Special Formula and Eligible Nutritionals' policies.

Objective: 9.2 Monitor local agency implementation of updated risk criteria.

Objective: 9.3 100% of participants receive targeted exit counseling.

Objective: 9.4 Monitor implementation of mid-certification for breastfeeding women. 80% of monitored agencies will implement correct procedures.

Objective	Strategies/Activities	Baseline	Indicators	Progress
9.1 Investigate during MER (Nutrition Monitor) and State audits (Nutritionist Consultant Formula Lead (NCFL)), local agency compliance with State WIC Special Formula and Eligible Nutritionals' policies. (See Objective 3.3)	<p>For local agencies with MER scheduled, the Nutrition Monitor will use the CT WIC Program Special Formula Review Form to determine if 80% of agencies reviewed are in compliance with special formula procedures</p> <ul style="list-style-type: none">▪ Select 5 (per permanent site) participant records with WIC Medical Documentation forms to determine frequency of insufficient "medical rationale"▪ Based monitoring results, determine areas for improvement in staff training, and clarify WIC formula policies and procedures and provide technical assistance as needed. <p>For local agencies conducting an Off-Year Self Evaluation, the Nutrition Consultant Formula Lead (NCFL) will use the CT WIC Program Special Formula Review Form to conduct 5 chart audits per LA permanent site two times per year: December, and April.</p> <p>A total of 50 charts per year will be evaluated by the NCFL. See indicators column, for performance standards for WIC Special Formula and Eligible Nutritionals issuance.</p>	Established in 2018	<p>Local agencies will demonstrate proficiency with:</p> <p>Following policy and process in assisting participants in ordering of special formula.</p> <p>Local agency report of improved knowledge base and comfort-level in interactions with HCP's.</p> <p>Reduction in the number of health care provider phone calls related to confusion re: WIC special formula issuance.</p>	<p>3 of the 4 agencies reviewed had findings related to special formula issuance. Findings were mostly related to missing documentation, continuation of issuance beyond the prescription valid date, or medical conditions identified on the medical documentation form not being assigned as risks in CT-WIC.</p> <p>The NCFL reviewed 65 charts from the 6 local agencies that were required to conduct an Off-year Self-Assessment. Significant findings included that the local agencies reviewed, improved in the following indicators: MD completion of the form accurately (73.1%); a new Medical Documentation form was obtained within 24 hrs/per policy (57.1); and Nutritionists documenting the</p>

Objective	Strategies/Activities	Baseline	Indicators	Progress
	<p>The results of chart audits will be discussed during State Nutrition Unit Meetings to discuss areas for improvement. Outstanding formula issues identified will be topic for discussion during training sessions at staff meetings and or statewide meetings.</p> <p>In first quarter of FY 2019, NCFL will follow-up with the vendor unit on the progress of the updated data entry policy for WIC Special Formulas and Eligible Nutritionals. At a minimum, review policy bi-annually. Update list in 1st quarter of FY 2019.</p>		<p>CT-WIC Infant Formula Monthly Reports. Results of chart audits summaries Formula issuance & redemption reports Summaries and Actions of WIC Special Formula and Eligible Nutritionals meetings i.e. data entry policy, bulletin to vendors</p> <p>100% Initial Medical Documentation in chart 90% Medical Documentation Up to Date 90% Accurately completed</p> <p>100% Medical Documentation correlates with WIC prescription issuance in family benefit list</p> <p>90% of verbal orders obtain medical documentation within 24 hours</p>	<p>appropriate risk factors (85.4%). Local agencies still need improvement for the following indicators: contacting the HCP when needed (23.5%) and appropriate documentation of growth assessment and follow-up in CT-WIC (51.5%).</p> <p>NCFL provided findings to Program Nutritionist and the local agency Liaisons to use in technical assistance if needed. Program Nutritionists meeting agenda topics included review of Special Formula Review Form and QA methods. Training will be provided in FY 2020 on indicators that need improvement based on FY 2019 results.</p> <p>NCFL prepared draft data entry policy for WIC Special Formulas and Eligible Nutritionals and it is still under review by the vendor unit.</p> <p>WIC Special Formulas and Eligible Nutritionals listing was</p>

Objective	Strategies/Activities	Baseline	Indicators	Progress
	<p>At beginning of FY 2019 coordinate with Vendor Unit to develop Vendor Bulletin related to updated WIC Special Formulas and Eligible Nutritionals listing.</p> <p>Review CT-WIC Quarterly reports of Issuance and Redemption of WIC Special Formulas and Eligible Nutritionals. Based on results, local agency liaisons will discuss areas for improvement and address questions or concerns during local agency TA visits.</p> <p>Provide two (2) in-service trainings to identified stakeholders about WIC formula policies and procedures by September 30, 2019. Assist local agencies in providing in-service presentations as appropriate.</p>			<p>updated in April 2019. An additional update will occur in the 1st quarter of FY 2020.</p> <p>WIC Epidemiologist reviews quarterly reports of Issuance and Redemption of WIC Special Formulas and Eligible Nutritionals and reports are available on the Q drive for local agencies to monitor. Liaisons also review redemptions during TA visits.</p> <p>State Nutrition Consultant provided update to the Community Health Network of Connecticut (CHN-CT) changes to WIC formula policies and procedures in March 2019.</p>
9.2 Monitor implementation of updated Nutrition Risk Criteria.	<p>By end of first quarter, review new or updated WIC nutrition risk criteria, develop training plan and submit IT request to perform needed modifications to CT-WIC</p> <p>Train local agency staff on new or revised criteria at Statewide meeting or self-paced modules.</p> <p>During monitoring determine if local staff accurately identify and assign new or revised risks.</p>	N/A	<p>IT report submitted. Training scheduled for local agencies. Monitoring indicates local agency staff are correctly assigning risks.</p>	<p>All 4 agencies reviewed had findings related to staff accurately identifying and/or assigning risks. Many of these findings are related to medical conditions identified on the medical documentation form that have not been assigned as risks in CT-WIC. However the Nutrition Unit monitor has not been able to observe</p>

Objective	Strategies/Activities	Baseline	Indicators	Progress
	<p>Through State MER observations and chart audits 80% of local agency staff will conduct PMAD screening per protocol and document appropriately.</p> <p>Continue to work with Epi to link PRAMS data on maternal depression with WIC populations.</p>			<p>and/or verify through chart audits that staff are accurately identifying new or revised risks.</p> <p>3 of the 4 local agencies reviewed had findings related to either documentation (i.e. scanning or data entry in CT-WIC) of the screen or completing screens at the designated timeframes.</p> <p>Training was provided by Jennifer Vendetti on <i>Follow up PMAD screening in WIC</i> on September 14, 2018.</p>
<p>9.3 75% of participants receive targeted exit counseling.</p>	<p>Develop or modify a State's (NY) existing exit counseling brochure by March 30, 2019. This brochure will be made available for all participants leaving the program.</p> <p>Review and update existing exit counseling policies in Local agency Policy and Procedure Manual.</p> <p>Train local agency staff on any updated policies.</p>	<p>2018 Monitoring results</p>	<p>During routine monitoring local agency staff will show proficiency with providing appropriate exit counseling to participants.</p> <p>75% of agencies reviewed in FY19 will have evidence of participants receiving targeted exit counseling.</p>	<p>The NY Exit Counseling Brochure was not investigated and a brochure was not developed.</p>

Objective	Strategies/Activities	Baseline	Indicators	Progress
9.4 Monitor implementation of mid-certification for breastfeeding women. 100% of monitored agencies will implement correct procedures.	During nutrition services monitoring validate 100% of local agency comply with mid-certification visits for breastfeeding consistent with State Plan policies.	2016, 2017 & 2018 Monitoring results	During routine monitoring local agency staff will show proficiency with implementing mid-certification procedures for breastfeeding women.	75% of chart audits reviewed comply with mid-certification visits for breastfeeding women. All 4 sites had findings.

Program Functional Area 10: Monitoring & QA

Goal 10: Conduct on-site programmatic management and nutrition services reviews of local agencies to ensure compliance with Federal and State Regulations.

By September 30, 2019:

Objective: 10.1 Monitor five (5) service regions including satellites.

Objective: 10.2 Evaluate applications of VENA principles in local operations and identify training and technical assistance needs.

Objective: 10.3 Improve local agency performance through resolution of findings identified during nutrition services and program operations compliance reviews.

Objective: 10.4 Monitor implementation of participant complaint tracking system.

Objective	Strategies/Activities	Baseline	Indicators	Progress
10.1 Monitor five (5) service regions including satellites.	<p>By end of 1st quarter, develop FY2019 monitoring schedule.</p> <ul style="list-style-type: none">Conduct monitoring visits & schedule exit conference within two weeks of completion of fieldwork.Prepare program review reports to local agencies within thirty (30) calendar days of the program exit conference.Respond to local agency CAP within 30 days. Two weeks as best practice.Synthesize common review findings & responses to CAP in both nutrition services and program operations to update FFY17 Goals and Objectives, training and technical assistance plans.During routine monitoring, collect data on satellite site operations to determine effectiveness: Location of satellite sites, # of participants' served, and Hours of operation	FFY18 LA monitoring schedule (See Objective 10.3)	<p>100% of scheduled monitoring visits and reports completed by Sept 2019.</p> <p>80% of agencies will have their exit conference scheduled within two weeks of completion of onsite visits.</p>	<p>The monitoring schedule was developed at the beginning of the 1st quarter. Six agencies were originally scheduled for routine monitoring in 2019 and one agency for a repeat visit (from 2018 ME). However, since the development and submission of the FY19 Plan, 2 of the 6 agencies have been combined.</p> <p>Four agencies have been monitored as of July 31, 2019. The last review will be conducted August 2019. Exit conferences have been completed or scheduled for all of the 4 agencies reviewed.</p> <p>CAPs were received from the agencies monitored within the designated timeframe. Two local agencies CAP required revisions and resubmission. Responses to CAP occurred within 30 days. Common findings and CAP responses are been used to update FY20 Goals and Objectives, and training and technical assistance plans.</p>

				<p>Satellite operations were observed during routine monitoring, and data was collected to assess effectiveness. Data indicates that satellite site operations are justified; location, number of participants served and hours of operation. However, for 1 local agency, recommendations were made to reassess 2 of their 3 satellites for scheduling and hours of service.</p>
<p>10.2 Evaluate applications of VENA principles in local operations and identify training and technical assistance needs.</p>	<p>Assess/report local agency staff progress in three (3) VENA competency areas to establish individual baselines for self- improvement. Highlight local agency best practices once a year as appropriate. Utilize Program Nutritionist meetings to address statewide local agency training and technical assistance needs.</p> <p>During 2019</p> <ul style="list-style-type: none"> ▪ Continue to monitor/Investigate for implementation of BMI and MI Guidance. Monitor/Investigate implementation and use of WIC staff orientation learning objectives and competencies. ▪ Monitor/Investigate for implementation of pregnancy weight gain guidance document ▪ Update web page as needed. 	<p>Baselines from local agency reviews</p>	<p>Ongoing process/tool evaluation and feedback from local agencies.</p> <p>Evidence of LA application of VENA principles is reflected in monitoring reports.</p> <p>Results of monitoring visits are incorporated into technical assistance and training plans.</p> <p>At least two agencies reviewed in FY19 will have incorporated the pregnancy weight gain guidance document and</p>	<p>Training & discussions continued on the implementation and use of the BMI and MI guidance at the Program Nutritionists meetings (formerly ReNEW 2.0).</p> <p>Overall there has been improvement noted for one local agency reviewed in 2019. Overall in all 4 local agencies reviewed staff have good rapport building skills. Areas identified in this monitoring cycle include; deficiencies in risk assignment, and adequate and timely documentation of nutrition education. Observations show some staff still require additional training on how to partner with the participant in goal setting versus assigned/prescribed goal setting as well as summarizing the counseling session.</p> <p>2nd paraprofessional training schedules was conducted in</p>

			<p>resources in counselling sessions as evidenced during onsite monitoring reviews.</p> <p>Change Management for staff/ participant/vendor training and marketing developed and/or reviewed. See Functional Areas 5.2, 5.7, 5.8. 5.9.</p>	<p>February and March 2019. Seven staff participated with 100% success rate.</p> <p>3 of the 4 local agencies have incorporated the Tell Me More for children and pregnancy weight gain guidance document and resources in counselling sessions. Work is still needed on improving use of this tool in both assessment and counseling.</p> <p>Program Nutritionists, Site Nutritionists and several selected local agency staff received training on <i>Facilitated Group Discussion</i> on October 23, 2018 by trainers from Altarum Institute. This full day training focused on building skills in the following areas; starting conversations, how to effectively generate discussion and sharing, use of open ended questions, how to stimulate cross talk and summarize and close a group. The trainer shared that many of these skills can also be used in individual counseling. Unfortunately, since 3 of the 4 local agencies reviewed thus far currently do not have groups in place, the Nutrition Unit monitor was unable to assess for improvement in skills based on this training. The most recently reviewed local agency holds groups however there were issues identified with their current group</p>
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				<p>structure. Feedback is planned for their exit conference in September and further strategies will be discussed during a liaison visit.</p> <p>During the recent monitoring cycle, 75% of local agency staff met expectations by providing quality customer service. In most instances, staff went above and beyond to meet the participants where they are.</p>
<p>10.3 Improve local agency performance through resolution of findings identified through nutrition services and program operations compliance reviews.</p>	<p>Provide targeted technical assistance interventions and training opportunities based on identified deficiencies. (Liaisons)</p> <p>Track and evaluate local agency use of Off-Year Self-Assessments to improve program operations and nutrition services.</p> <p>Distribute FAQ's after Statewide trainings to clarify nutrition services and program operations questions Incorporate FAQ's into Local Agency Policy and Procedure Manual.</p>	<p>TBD Review prior monitoring reports (See Objective 10.1).</p>	<p>Reductions of repeat findings and observations in areas of nutrition services and program operations.</p> <p>All local agencies in off-year review cycle should include one (1) page summary from Self-Assessment in Local Agency Plan.</p>	<p>4 of the 5 agencies reviewed so far have completed the Off Year Self-Assessment and have included a discussion in their FY19 LAPs about the findings of the Self-evaluation how it has helped them to identify areas needing improvement. For the agency that was not compliant, there was a transition of management (and host agency) which resulted in the new management meeting that requirement.</p>

<p>10.4 Monitor the implementation of participant complaint tracking system in 2019.</p>	<p>Continue to review the centralized system and identify if additional training is needed for State staff on how to record and track participant complaints received by the State agency. Implement review of tracking log quarterly for patterns.</p> <p>Monitoring will show, 80% of local agencies provide required information re: eWIC card use at orientation, certification & re-certifications. (Proactively reduce complaints about these issues.) Topics covered by local staff should include:</p> <ul style="list-style-type: none"> ▪ Food List/WIC approved foods ▪ eWIC procedures ▪ WIC fraud and abuse policies including on-line sale of WIC food or formula. <p>As needed, work with Vendor Unit to incorporate any feedback into vendor training.</p> <p>During technical assistance visits, local agency liaisons will discuss WIC Shopping Experience expectations.</p>	<p>Establish baseline and patterns/themes of complaints.</p>	<p>Decrease number of complaints at the State agency receives.</p> <p>Consistently document of resolution of complaint(s).</p>	<p>100% of local agencies (4) monitored so far in 2019 are in compliance with providing education at (re)certification to participants on eWIC card usage and the WIC shopping experience.</p> <p>Even though local agency staff have been observed providing eWIC card usage, the State agency continues to receive inquiries from WIC participants and vendors regarding redemption of WIC benefits at the Point-Of-Sale</p>
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Program Functional Area 11: Fiscal Management

Goal 11: Maximize the utilization of WIC food funds.

By September 30, 2019

Objective: 11.1 Keep food dollars usage stable at 90%.

Objective: 11.2 Plan for transition to universal worksheet for expenditure reporting in FY 2019.

Objective: 11.3 Use economic and financial trend data to more effectively manage resources and improve program quality.

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
11.1 Stable usage of food funds at 90%.	Track LA expenditures monthly. <ul style="list-style-type: none">• Meet with program coordinators.• Work with Management and Epidemiologist to monitor food costs using the current CPI cost indicators.	Budget/expenditure reconciliation.	100% of food dollars are accounted for.	Program Director/ Management Fiscal Unit Epidemiologist
11.2 Plan for transition of a universal worksheet (new web based electronic UCOA workbook in Core-CT system) that support budgeting and reporting activities in FY 2019.	Determine when job aids and recorded training will be available online. (1 st quarter) Complete training and plan for dissemination of information to local agencies. (3 rd quarter)	N/A	Acceptable plan to train and update WIC Local agency management on new reporting requirements.	Management Fiscal Unit
11.3 Use economic and financial trend data to more effectively manage resources and improve program quality.	Utilize financial data in trend analysis	N/A	Utilize financial trend data to drive program decisions	Management Fiscal Unit Epidemiologist

Program Functional Area 12: Data Quality, Analysis & Reporting

Goal 12: Strengthen data outputs for improved program planning, monitoring, evaluation and administration.

Objective 12.1: Improve access to, and the utility and application of, WIC Program data:

- a. Build on current reports to provide enhanced, accurate and more accessible, data resources;
- b. Expand research/data analysis and reporting initiatives; and,
- c. Provide support in meeting other Program-related data needs.

Objective 12.2: Contribute data inputs to help maximize strategic program coverage and effectiveness:

- a. Strengthen appropriate access to and delivery of program services; and,
- b. Ensure adequate access to vendor services and vendor capacity to meet demand.

Objective	Strategies/Activities	Baseline	Indicators	Progress
12.1 Improve access to, and the utility and application of, WIC Program data: a. Build on current reports to provide enhanced, accurate and more accessible data resources.	<p>Prepare summary data tables & graphs to illustrate trends, and maps to compare the distribution of selected variables and/or other resources (i.e. participants, WIC sites, authorized vendors)</p> <p>Censor data, as appropriate, in keeping with state and federal confidentiality regulations, prior to sharing data reports outside the WIC Program.</p> <p>Post results or otherwise share selected data tables, graphs, trend reports, maps and other data presentations, as appropriate, including:</p> <ul style="list-style-type: none"> • WIC participation, by Local Agency & demographics; • Process and Outcome objectives; • Benefit issuance & redemption (both Food & Formula benefits); and, • Authorized vendors. <p>Maintain current national WIC data and state population figures; provide other information, as requested and/or appropriate.</p>	<p>Monthly Reports</p> <p>Quarterly Outcome Reports</p> <p>Annual Summary Reports</p>	<p>Enhanced analysis and data presentations meet USDA, state & local WIC agency data needs.</p> <p>Reports on Risk Factors and Referrals/Counter-Referrals are added.</p> <p>Data tables, graphs & maps are built in the new CT-WIC Dashboard, to facilitate the comparison of participant characteristics, risk factors, outcomes, etc.</p> <p>Improved data access results in better public access to WIC data, and less staff time invested in responding to routine data requests, while protecting file security & participant confidentiality.</p> <p>Data reports are posted to the program website and to the DPH Dashboard, and are</p>	<p>All ongoing as planned, with the following exceptions:</p> <ul style="list-style-type: none"> - Reports on Risk Factors and Referrals/Counter-Referrals: pending resolution of CT-WIC issue. Will reprogram for FFY2020. - Seeking alternative to the Dashboard display planned for CT-WIC. <p>Access to reports is much improved: coordinated with WIC IT staff to establish a shared drive for both state & local agency staff to access WIC reports. Solution is working well.</p>

			censored and periodically updated, as appropriate.	
b. Expand research/data analysis and reporting initiatives.	<p>Develop data-sharing agreement to link WIC data file with DPH/Vital Records Birth File, in order to:</p> <ul style="list-style-type: none"> • Determine co-enrollment in WIC/Medicaid; • Use Medicaid data to identify and provide outreach to those eligible but not enrolled in WIC; map location to identify pockets of those not enrolled, for more targeted outreach efforts. • Map selected health, demographic and socio-economic Census variables at the local level; compare results with current program coverage; • Identify and track risk factors contributing to poor program outcomes; • Evaluate associations between WIC participation and risk factors for poor birth outcomes. 	<p>Prior DPH, WIC and other related studies</p> <p>Data from CT-WIC/ US Census Bureau MOU (w/nationwide data)</p>	<p>More in-depth analyses help inform program decisions in support of key interventions, with a focus on increased outreach, recruitment and retention.</p> <p>Local-level disparities are identified based on Census data and other data sources, to better target program services, and better allocate financial & program resources</p>	<p>PENDING (Vital Records staff are unable to participate in this initiative at this time; may be available in 2020).</p> <p>Preliminary contact has been made by the Census Bureau to begin research activities.</p>
c. Provide support in meeting other Program-related data and reporting needs.	<p>Respond to internal & external WIC data requests (e.g. Local Agency staff, Local Health District personnel, FOI requests, universities, non-profits, <i>ad hoc</i> requests, etc.);</p> <p>Identify/develop relevant reference and training resources:</p> <ul style="list-style-type: none"> • Draft presentations for WIC Director, Nutrition staff, etc., when requested; • Prepare reports for state staff for local agency monitoring visits (e.g. staff-to-participant ratio analysis by race/ethnicity, benefit redemption, etc.); • Prepare presentations for WIC staff, and present on data-related topics as needed at statewide meetings, coordinators meetings, trainings, etc.; • Provide analysis, reporting and/or technical assistance as requested (e.g. adjust annual WIC outcome targets, calculate caseload, design surveys and new reporting forms, etc.); 	<p>CT WIC data reports</p> <p>Ongoing collaboration</p>	<p>Timely response to internal and external data requests.</p> <p>Surveys and presentations developed and/or technical assistance provided.</p> <p>Committees successfully complete assigned tasks.</p>	<p>Ongoing as planned.</p>

	<ul style="list-style-type: none"> • Contribute to preparing the Annual State Plan and yearly Operational Adjustment proposal; present midterm and final reports; • Collaborate in DPH initiatives that benefit the State's MICH population (e.g. MCH Block Grant, PRAMS Steering Committee, RFP and Publication Review Committees, etc.). 			
<p>12.2. Contribute data inputs to help maximize strategic program coverage & effectiveness:</p> <p>a. Strengthen appropriate access to and delivery of program services.</p> <p>[SEE ALSO 12.1.]</p>	<p>Monitor program services to help inform program planning and implementation efforts:</p> <ul style="list-style-type: none"> • Identify service gaps, priorities & opportunities; • Track program outcomes, evaluate changes. <p>Use GIS mapping to help improve resource allocation of clinic sites & authorized vendors.</p> <p>Target resources to improve outcomes for those at highest risk. Provide data/mapping inputs to help relocate clinic and vendor resources, as necessary;</p> <p>Identify specific populations to target for outreach promotional efforts and program services, where needed.</p>	Current program services & resources	<p>Decisions to increase/decrease program services & resources are based on objective inputs.</p> <p>Risk factors and other variables associated with a specific outcome or results are identified, providing enhanced criteria for targeting program interventions.</p>	Ongoing, as needed.
<p>b. Ensure adequate access to Vendor services, and vendor capacity to meet demand.</p>	<p>Coordinate with the Vendor Management Unit to strengthen data collection, analysis and reporting functions, especially for vendor monitoring, fraud detection and TIP Report preparation.</p> <p><u>Database enhancement:</u></p> <ul style="list-style-type: none"> - Continue to identify priority data needs; perform needed analyses, and build standardized queries and presentation formats to meet those needs; - Provide monthly updates on authorized vendors. <p><u>Vendor selection:</u></p> <ul style="list-style-type: none"> - Continue to monitor the results of policy change in vendor selection from quarterly needs assessment to open enrollment, to determine effectiveness in meeting participant and program needs; modify as necessary. 	Vendor Unit data Authorized vendors WIC participation	<p>Vendor locations, services and resources meet participant and program needs.</p> <p>Analytical maps to determine participant geographic access to authorized vendors, and store capacity to meet WIC demand in a given area, are generated prior to removing a vendor from CT WIC's authorized vendors list.</p>	<p>Ongoing as planned.</p> <p>Have initiated the production & analysis of monthly reports to aid in the detection of possible vendor or participant fraud in the redemption of benefits. To be advanced in 2020.</p>

FFY 2020
GOALS AND OBJECTIVES

Program Functional Area 1: Management and Organization

Goal 1: Ensure program integrity, cost-effectiveness, quality of services and accountability in the delivery of nutrition services in the provision of food benefits.

By September 30, 2020

Objective 1.1: Convene monthly meetings for local agency coordinators to ensure on-going communication and feedback loop.

Objective 1.2: If funding is available, sponsor 1-2 day local agency staff participation in National WIC Association's Leadership Academy on-line training course (LA Coordinators/Program Nutritionists/SA staff).

Objective 1.3: Investigate process to update state regulations on artificial sweeteners, food dyes and sodium levels.

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
1.1 Convene monthly meetings for local agency coordinators to ensure on-going communication and feedback loop.	Schedule and facilitate at least 10 face-to-face meetings with Program Coordinators to: <ul style="list-style-type: none">• Review policy and procedures• Discuss funding and staffing issues• Review CT-WIC data availability and reports• Other topics as determined	N/A	Summary of meetings, investigate baseline of satisfaction with monthly meetings via distribution of pre-survey in October 2018. Redistribute survey in June 2019. Improved compliance with policies and procedures Increased sharing of strategies regarding resource utilization and staff retention Improve use of data and discussions in LAP	Program Director NSU
1.2 If funding is available, sponsor 1-2 local agency staff participation in NWA Leadership Academy on-line training course.	<ul style="list-style-type: none">• Determine if funding is available.• If yes, proceed with selection of local staff to apply to NWA• Connect with NWA Leadership Academy staff to coordinate PO and invoicing.• Follow-up with local staff during and after completion of course for evaluation.	N/A	Courses offered and successfully completed. 90% of attendees indicate on evaluation they strongly agree or agree the content is relevant to their work and they will incorporate into program operations.	Breastfeeding Coordinator

<p>1.3 Investigate process to update state regulations on artificial sweeteners, food dyes and sodium levels.</p>	<ul style="list-style-type: none"> • Contact DPH staff responsible for state regulation updates by January 2020. • If able to update regulations, determine timeline and assign staff. • Have final updates available for internal review by May 2020. 			<p>Program Director NSU</p>
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Program Functional Area 2: Nutrition Services, Breastfeeding Promotion and Support*

Goal 2: Improve the nutritional and overall health of WIC families in Connecticut.

By September 30, 2020

Objective 2.1: At least 35% of pregnant women participating in the WIC Program for a minimum of 6 months gain appropriate weight.

Objective 2.2: The incidence of low birth weight (LBW) among infants whose mothers were on the WIC Program for at least six months during pregnancy does not exceed 6%.

Objective 2.3: The prevalence of anemia among children enrolled in the WIC Program for at least one year does not exceed 7.5%.

Objective 2.4a: The prevalence rate of BMI \geq 85th percentile to < 95th percentile for children 2-5 years does not exceed 15%.

2.4b: The prevalence rate of BMI \geq 95th percentile for children 2-5 years of age does not exceed 10%.

Objective 2.5: At least 70% of infants enrolled in the WIC Program (have mothers who) initiate breastfeeding.

Objective 2.6: At least 50% of infants enrolled in the WIC Program are breastfed for 6 months or more.

Objective 2.7: Maintain CT-WIC via new policy development and policy revisions, provision of State and local staff training, development of CT-WIC marketing and participant training materials, and supervision of local agency rollout.

Objective 2.8: At least 50% of local agency submitted 2019 Local Agency Plans will have measurable strategies for nutrition outcome objectives. Local agency liaisons will make at least 1 in-person visit or phone call to each local agency to provide technical assistance in FY 2020.

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
2.1 At least 35% of pregnant women participating in the WIC Program for a minimum of 6 months gain appropriate weight.	<p>Through State MER observations using the results from the FY 2019 Maternal Weight Gain (MWG) checklist, investigate baseline data for MWG indicators to determine areas for local agency improvement and recognize areas of local agency competence.</p> <p>Through MER chart reviews using the results from the FY 2019 Maternal Weight Gain (MWG) checklist, investigate baseline data for MWG indicators to determine areas for local agency improvement and recognize areas of local agency competence.</p> <p>When indicated, local agency liaison, may provide local agency</p>	<p>2020 WIC Objective: \geq 35%</p> <p>FFY 2011: 68.8% Range: 59.0% - 81.1%</p> <p>FFY 2012: 72.1% Range: 48.9% - 85.4%</p> <p>FFY 2013: 73.0% Range: 48.6% - 86.6%</p> <p>FFY 2014: 72.3% Range: 53.8% - 83.3%</p> <p>FFY 2015 Target: \geq 70.0% Average: 28.4% Range: 20.5% - 34.2%</p> <p>FFY 2018 Target: \geq 35.0% Average: 26.5% Range: 11.6% - 37.3%</p> <p>FFY 2019 Target: \geq 35.0%* Average: 27.6%</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports.</p> <p>MER chart reviews and Observations Results MWG checklist</p> <p>Improvement in trend data over time for low performing agencies.</p>	<p>Nutrition Monitor Local Agency Liaisons Epidemiologist IT Unit Nutrition Unit</p>

	management with feedback on CAP response and/or implementation via technical assistance visits, quality assurance activities (chart audits or observations) and/or training related to deficiencies in MWG indicators.	<p>Range: 20.0% - 39.1% * Partial year data</p> <p>Data Sources: thru FFY 2015: CT SWIS, Outcome Objective #1 – Weight Gain during Pregnancy; quarterly reports, by federal fiscal year.</p> <p>FFY2018-2019: CT-WIC MIS (Management Information System).</p>		
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<p>2.2 The incidence of low birth weight (LBW) among infants whose mothers were on the WIC Program for at least six months during pregnancy does not exceed 6%.</p>	<p>Through State MER observations and review of documentation in chart audits, 80% of local agency staff incorporate prenatal weight gain guidance concepts in counseling, provide timely referrals and offer appropriate education materials that address applicable <i>modifiable</i> risk factors:</p> <ul style="list-style-type: none"> ▪ Smoking ▪ substance use (including prescription drugs) ▪ Prenatal weight gain ▪ Mental health concerns (PMAD) <p>Investigate Local agency Plan community needs assessments to determine baseline of LAP's that include data and/or add context to variables that impact LBW deliveries:</p> <ul style="list-style-type: none"> • teenagers • substance use • income • ethnicity • geographic location • mental health 	<p><u>2020 WIC Objective:</u> ≤ 6%</p> <p>FFY 2012 <u>Target:</u> ≤ 6.0% Average: 6.0% * Range: 1.7% - 8.7%</p> <p>FFY 2013 <u>Target:</u> ≤ 6.0% Average: 6.4% * Range: 3.1% - 9.0%</p> <p>FFY 2014 <u>Target:</u> ≤ 6.0% Average: 5.8% * Range: 1.4% - 8.3%</p> <p>FFY 2015 <u>Target:</u> ≤ 6.0% Average: 3.2% * Range: 0.0% - 5.6%</p> <p>FFY 2018 <u>Target:</u> ≤ 6.0% Average: 2.6% ** Range: 0.0% - 13.0%</p> <p>FFY 2019 <u>Target:</u> ≤ 6.0% * Average: 2.8% ** Range: 0.0% - 6.1% * Partial year data</p> <p>(** Excludes pre-term & multiple births)</p> <p><u>Data Sources:</u> thru FFY 2015: CT SWIS, Outcome Objective #1 – Weight Gain during Pregnancy; quarterly reports, by federal fiscal year.</p> <p>FFY2018-2019: CT-WIC MIS (Management Information System). (*excludes pre-term & multiple births)</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports.</p> <p>Improvement in trend data over time for low performing agencies.</p>	<p>Nutrition Monitor Local Agency Liaisons Epidemiologist Nutrition Unit</p>
<p>2.3 The prevalence of anemia among children enrolled in the WIC Program for at least one</p>	<p>Investigate % of 10 trained agencies that effectively strategize solutions to use the Pronto non-invasive HGB screening with child participants.</p>	<p><u>2020 WIC Objective:</u> ≤7.5%</p> <p>FFY 2012 <u>Target:</u> ≤ 9.0% Average: 7.8% Range: 4.4% - 10.5%</p> <p>FFY 2013 <u>Target:</u> ≤ 7.5%</p>	<p>CT-WIC quarterly and annual reports. Chart audits and observations.</p>	<p>Nutrition Monitor Local Agency Liaisons Epidemiologist Nutrition Unit</p>

<p>year does not exceed 7.5%.</p>	<p>Through State MER observations and chart audits 90% of local agency staff effectively provide education to parents to reduce risk of development of anemia including:</p> <ul style="list-style-type: none"> ▪ Importance of timely blood work, ▪ Risk of lead poisoning ▪ Making appropriate referrals and follow-up. <p>Based on FY 2019 averages, 5 of 11 agencies are meeting the target of 7.5%.</p> <p>Local agency liaisons will perform a total of 15 chart audits (sample to include 5 – 9 month infants; 5 – C1; and 5 – C2) to determine completeness of nutrition education documentation. Indicators include: anemia prevention, nutrition assessment, lab results, iron supplementation and type of anemia (if indicated).</p>	<p>Average: 8.3% Range: 4.2% - 12.3%</p> <p>FFY 2014 <u>Target: ≤ 7.5%</u> Average: 10.2% Range: 4.6% - 14.5%</p> <p>FFY 2015 <u>Target: ≤ 7.5%</u> Average: 9.9% Range: 5.4% - 17.8%</p> <p>FFY 2018 <u>Target: ≤ 7.5%</u> Average: 8.8% Range: 5.2% - 16.7%</p> <p>FFY 2019 <u>Target: ≤ 7.5% *</u> Average: 8.4% Range: 3.9% - 19.0% * Partial year data</p> <p><u>Data Sources:</u> thru FFY 2017: CT SWIS, Outcome Objective: Childhood Anemia; quarterly reports by federal fiscal year.</p> <p>FFY2018-2019: CT-WIC MIS (Management Information System).</p>	<p>Change in trend data over time for low performing agencies</p>	
<p>2.4</p> <p>a. The prevalence of BMI ≥ 85thile to < 95thile for children 2-5 years of age does not exceed 15%.</p> <p>b. The prevalence of BMI ≥ 95thile for children 2-5 years of age does not exceed 10%.</p>	<p>Investigate a baseline for local agency plans (LAP) that incorporate follow-up staff training on BMI Guidance, MI Guidance and Tell Me More in staff training plan.</p> <p>30% of LAPs include TMM About Your Child in FY 2020 strategies. Through LAP review and Program Operations MER 85% of local agencies will develop a measurable strategy to distribute and discuss the Childhood Overweight and Obesity</p>	<p><u>2020 WIC Objectives:</u> <u>Overweight: ≤ 15%</u> <u>Obesity: ≤ 10%</u></p> <p>a. OVERWEIGHT: BMI ≥ 85thile to <95thile</p> <p>FFY 2013 <u>Target: ≤ 7.5%</u> Average: 12.6% Range: 9.4% - 15.8%</p> <p>FFY 2014 <u>Target: ≤ 10.0%</u> Average: 12.2% Range: 7.3% - 16.6%</p> <p>FFY 2015 <u>Target: ≤ 10.0%</u> Average: 15.5%</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports.</p> <p>All local agencies include in their 2020 LAP measurable strategies for reducing prevalence of childhood overweight and obesity. See 2.8</p>	<p>Monitoring Unit Local Agency Liaisons Epidemiologist IT Unit Nutrition Unit</p>

	<p>WIC Fast Facts flyer to pediatric practices as part of their local Outreach Plan.</p> <p>Through State MER observations and chart reviews 60% of local agency staff will <i>effectively</i> incorporate the Tell Me More About Your Child tool into counseling. Indicators of effective use include, documentation of MI, Stage of Change and/or development of a plan.</p> <p>80% of local agencies continue use of WICSmart modules for obesity/overweight prevention.</p>	<p>Range: 8.7% – 18.6%</p> <p>FFY 2018 Target: ≤ 15.0%</p> <p>Average: 15.0%</p> <p>Range: 11.3% - 21.8%</p> <p>FFY 2019 Target: ≤ 15.0%*</p> <p>Average: 15.3%</p> <p>Range: 10.1% - 20.1%</p> <p>* Partial year data</p> <p>b. OBESITY: BMI ≥ 95thtile</p> <p>FFY 2013 Target: ≤ 7.5%</p> <p>Average: 13.1%</p> <p>Range: 7.3% - 18.3%</p> <p>FFY 2014 Target: ≤ 15.0%</p> <p>Average: 12.3%</p> <p>Range: 6.7% - 17.9%</p> <p>FFY 2015 Target: ≤ 15.0%</p> <p>Average: 15.2% *</p> <p>Range: 13.3% – 22.4%</p> <p>FFY 2018 Target: ≤ 10.0%</p> <p>Average: 15.1%</p> <p>Range: 8.7% - 21.1%</p> <p>FFY 2019 Target: ≤ 10.0%*</p> <p>Average: 15.0%</p> <p>Range: 9.3% - 20.7%</p> <p>* Partial year data</p> <p>Data Sources: thru FFY 2017: CT SWIS, Outcome Objective: Childhood Overweight & Obesity; quarterly reports by federal fiscal year.</p> <p>FFY2018-2019: CT-WIC MIS (Management Information System).</p>		
<p>2.5</p> <p>At least 70% of infants enrolled in the WIC Program (have mothers</p>	<p>Through State MER observations and chart audits 50% of local agency staff will incorporate and document concepts from</p>	<p>2020 WIC Objective: ≥70%</p> <p>FFY 2012 Target: ≥ 60.0%</p> <p>Average: : 69.9%</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports, Chart Audits and Observations conducted during</p>	<p>Nutrition Monitor Local Agency Liaisons Epidemiologist IT Unit</p>

<p>who) initiate breastfeeding.</p>	<p>breastfeeding content sheets (exclusive breastfeeding, milk supply, supporting overweight and obese mothers' breastfeeding goals, SBB, and PMAD) into prenatal education and counseling.</p> <p>50% of local agency staff will review and/or provide Make a Plan checklist at individual or group prenatal counseling/education. Indicators include documentation of preparing for hospital, family/friend support, skin-to-skin contact, rooming-in and community support. State Breastfeeding Unit will coordinate monthly breastfeeding coordinators' meeting in anticipation of receipt of the final USDA DBE Breastfeeding Curriculum.</p> <p>Deliverable: Develop sustainable breastfeeding competency training process. Involve local agency DBE that were trained on platform by Every Mother Inc. Train local agency staff DBE role and Levels of Breastfeeding Support by September 2020. Date of final training is dependent on receipt of curriculum.</p> <p>Breastfeeding Unit (State Breastfeeding Coordinator and State agency WIC Peer Counselor Coordinator (IBCLC) to conduct 1-2 enhanced breastfeeding reviews at local agencies. (one review will</p>	<p>Range: 48.5% - 91.4% FFY 2013 <u>Target: ≥ 65.0%</u> <u>Average: : 75.9%</u> Range: 66.7% - 90.7%</p> <p>FFY 2014 <u>Target: ≥ 65.0%</u> <u>Average: : 76.2%</u> Range: 59.3% - 93.0%</p> <p>FFY 2015 <u>Target: ≥ 65.0%</u> <u>Average: 77.3%</u> Range: 58.0% - 92.3%</p> <p>FFY 2018 <u>Target: ≥ 70.0%</u> Average: 80.8% Range: 62.8% - 94.9%</p> <p><u>FFY 2019 Target: ≥ 70.0%*</u> Average: 81.3% Range: 61.2% - 94.4% * Partial year data</p> <p><u>Data Sources:</u> thru FFY 2017: CT SWIS, Outcome Objective: Breastfeeding Initiation; quarterly reports by federal fiscal year.</p> <p>FFY2018-2019: CT-WIC MIS (Management Information System).</p>	<p>Enhanced Breastfeeding Reviews and Peer Counseling Monitoring.</p> <p>Results of 2 enhanced Breastfeeding MERs, show documentation of 80% compliance with CT Guidelines for Breastfeeding Promotion and Support</p>	<p>Breastfeeding Unit Epidemiologist</p>
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	<p>include agency with peer program) See 2.6. (Contingent upon resources needed for BF Curriculum training)</p> <p>Contribute to CDC 1807 cooperative agreement SPAN breastfeeding activities related to initiation:</p> <ul style="list-style-type: none"> • Ten Step Collaborative (CBC) engagement (bi-monthly meetings/calls). • Monitor contractor and rollout of RSB online breastfeeding curriculum and manage possible translation of site into Spanish. • Dissemination of "It's Worth It" campaign materials and messages). • Improve community support and connections between hospitals and WIC via in-service training and/or networking. (1-2 locations) 			
<p>2.6 At least 50% infants enrolled in the WIC Program are breastfed for 6 months or more.</p>	<p>Continue to monitor local agencies' compliance with entering BF ceased date when dyad ends breastfeeding. Continue to generate and distribute monthly reports through September 2020 for quality assurance.</p>	<p><u>2020 WIC Objective:</u> ≥ 50%</p> <p><u>FFY 2015 Target:</u> ≥ 10.0% Average: 61.5% Range: 41.3% – 87.9%</p> <p><u>FFY 2018 Target:</u> ≥ 50.0% Average: 69.4% Range: 44.9% - 91.4%</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports. Chart audits and Observations.</p>	<p>Breastfeeding Unit Epidemiologist</p>

	<p>Through State MER observations and chart audits 50% of local agency staff will incorporate and document concepts from duration focused breastfeeding content sheets (building and maintaining milk supply, pumping for work/school-Make it Work checklist, pumping for medical reasons, jaundice, PMAD, SBB), HUSKY breast pump access, and overview of CT breastfeeding laws, into individual or group prenatal counseling/education.</p> <p>Provide oversight and technical assistance to 3 WIC clinic based Breastfeeding Peer Counseling Programs through on-site visits, conference calls and review of quarterly program and financial reports.</p> <p>Monitor performance of Breastfeeding Heritage and Pride (Hartford and New Haven) programs through on-site visits, conference calls and quarterly progress and financial reports. Maintain a 40% breastfeeding rate at established intervals. Results of monitoring of peer programs show 80% compliance with established protocols.</p> <p>Continue to monitor implementation of peer-counseling module in CT-WIC, including development of consistent,</p>	<p>FFY 2019 Target: $\geq 50.0\%^*$ Average: 65.5% Range: 40.8% - 90.7% * Partial year data</p> <p><u>Data Sources:</u> thru FFY 2017: CT SWIS, Outcome Objective Breastfeeding Duration; quarterly reports, by federal fiscal year.</p> <p>FFY2018-2019: CT-WIC MIS (Management Information System).</p>	<p>Quarterly activity and expenditure reports from peer counseling contractors, including # of women enrolled and duration rates are reviewed and approved.</p> <p>CT-WIC Peer counseling modules are being used appropriately in agencies with peer counseling programs.</p>	
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	<p>automated data reports for peer counseling programs.</p> <p>State IBCLC to continue to work with CLCs at local WIC program on IBCLC exam requirements.</p> <p>Contribute to CDC 1807 cooperative agreement SPAN breastfeeding activities related to duration:</p> <ul style="list-style-type: none"> ▪ Community support, specific to increasing equity in lactation care (CLC/IBCLC scholarships, culturally appropriate support groups) ▪ Collaboration with PRAMS Epidemiologists on Data to Action documents ▪ Workplace Accommodations 		<p>Local agency staff that pursues IBCLC meets exam requirements and passes exam.</p> <p>SPAN reporting.</p>	
<p>2.7 Monitor the successful implementation of CT-WIC via policy revisions, provision of State and local staff training and technical assistance, update of CT-WIC marketing and participant training materials (WIC Shopper App/and transition to 3Sigma App)</p>	<p>Facilitate weekly internal (DPH) CT-WIC support meetings for 2020 to improve CT-WIC performance and reduce CT-WIC problems.</p> <p>Develop Release Notes for scheduled CT-WIC releases.</p> <p>Deployment of the 3Sigma app is scheduled for October 2019. Monitor app implementation and if needed submit bug fix requests to contractor for timely resolution.</p>	2018 Help Desk Calls.	Reduction of Help Desk calls from local agencies and participants related to eWIC shopping experience and/or CT-WIC policies.	<p>Nutrition and Program Monitoring staff</p> <p>Breastfeeding Unit</p> <p>Epidemiologist</p> <p>Nutrition Unit</p> <p>Vendor Unit</p>

<p>2.8 At least 50% of local agency submitted 2019 Local Agency Plans will have measurable strategies included for nutrition outcome objectives. Local agency liaisons will make at least 1 in-person visit or phone call to each local agency to provide technical assistance in FY 2019. (Total 12 visits/calls)</p>	<p>Liaisons will meet at least 2 times in FY 2020 to discuss tracking spreadsheet and local agency trends observed.</p> <p>At least 50% of local agencies implemented their stated LAP measurable strategies for FY 2019.</p> <p>Use FY 2019 % to evaluate if local agencies made progress or met target for including measurable strategies in the 2020 LAP for each nutrition outcome objective:</p> <ul style="list-style-type: none"> • 80% for appropriate MWG • 70% for LBW infants • 100% for prevalence of anemia in children • 85% for reducing the prevalence of overweight and obesity in children • 100% for increasing breastfeeding initiation for mothers on the WIC Program for 6 months or more during pregnancy • 90% for increasing breastfeeding duration for infants to 6 months or more <p>100% of local agency liaisons complete at least one TA visit or</p>		<p>Data from local agency plans (2018 evaluation and 2019 resource allocation) liaison visits (TA checklist)</p> <p>LAP outcomes summary tool</p> <p>During technical assistance visits, local agency liaisons will discuss the local agency's progress at achieving its measurable strategies for all nutrition outcome objectives.</p> <p>Trends or issues identified at liaison meeting/discussion 2x/year.</p>	
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	phone call in FY 2020 for their respective agencies.			
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*See Functional Area 12, Data Quality, Analysis and Reporting for information Epidemiology and IT specific activities related to on these strategies.

Program Functional Area 3: FOOD DELIVERY AND FOOD INSTRUMENT ACCOUNTABILITY

Goal 3: To improve food delivery operations at the state and local agency level.

Objective: 3.1 Improve functionality of the Nutrition Module in CTWIC.

Objective: 3.2 Follow up on participant shopping experience project.

Objective: 3.3 Increase in redemption rates for infant cereal, baby food fruit and vegetable and meats.

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
3.1 Improve functionality of the Nutrition Module in CTWIC.	Utilize CTWIC data to improve competitive pricing amongst vendor peer groups.	October 2018	Manual exports needed to obtain the data.	FRVM Pricing Analyst DPH IT
	Correct the functionality of UPC Upload for batch uploading into the APL.	October 2018	CTWIC errors occurred when uploading text file.	FRVM Pricing Analyst DPH IT
	Improve functionality to export the APL for more frequent postings to the website.	October 2018	Manufacturers request the entire APL inquiring if their products are included. Entire Excel file does not export directly through the module and is too large to email.	FRVM Pricing Analyst DPH IT

3.2. Follow up on participant shopping experience project.	Work with mobile apps for participants to obtain current benefit balances. WIC Shopper to connect to participant balances as of the day before. Increase usage of WIC Shopper.	Family Benefits List is only accurate before first purchase	WIC Shopper App use is confusing due to products being approved (in the APL), but does not connect to a participant's benefits. Of the responders to the participant satisfaction survey, 25% use WIC Shopper Always or Sometimes.	FRVM staff Nutrition staff
	New local agency staff will conduct WIC purchases with test cards to gain a perspective of the participant's experience in shopping.	October 2019	New employee orientation and onboarding for new staff. Improve understanding of WIC shopping challenges.	FRVM staff Nutrition staff
	Standardized training program for local agencies to train participants on obtaining balance inquiries, looking for shelf labels, using a mobile app for WIC approved products.	October 2019	The creation of a standardized training program and consistent use of it, leading to fewer complaints and phone calls about participants not knowing how to use card.	FRVM staff Nutrition staff
	Distribute results of project to all authorized vendors.	December 2019	Areas for vendors to make improvements in the shopping aisles and/or at checkout lanes	FRVM staff
	Present results and provide an interactive session at the December statewide meeting on participant training and vendor operations.	December 2019	Presentation to local agencies to provide clarifications.	FRVM staff Nutrition staff
	Utilize results of Participant Satisfaction survey to assess improvements in participants' shopping experiences.	FY19 data	Rate eWIC card shopping averages: 1.59% - Poor; 55.83% - Excellent Could not find WIC foods: 52.35% WIC foods not labeled: 41.88% Cashier determination of WIC allowable food before scanning: 21.49%	FRVM staff Nutrition staff

3.3 Increase in redemption rates for infant cereal, baby food fruit and vegetable and meats.	Determine if redemptions increased with offering a variety of brands, flavors and types.	Change from BeechNut on January 2019. Baseline data from July 2018.	Converted from Beech-Nut to all brands and added organics Anticipated lower un-redemption rates in the first 6 months Full year of redemptions for 2019 43.5% non-redemption of infant cereal 35.3% non-redemption of infant f/v 75.4% non-redemption of infant meats	FRVM staff
	Review trend analysis.			FRVM staff Epidemiologist
	Food package tailoring at the local agency level when participants.			FRVM staff Nutrition staff

Program Functional Area 4: Vendor Management

Goal 4: To improve communication and effectiveness in Vendor Management.

Objective: 4.1 Improvements in reporting vendor data.

Objective: 4.2 Potential transition of EBT Processors for vendors

Objective: 4.3 Develop policies and establish business processes for a Policy and Procedure Manual.

Objective: 4.4 CTWIC Enhancements to streamline processes

Objective 4.5 Training videos to supplement interactive vendor training

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
4.1 Improvements in reporting vendor data.	Utilize CTWIC data to improve tracking for monitoring activities. Tracking visits, open cases, results.	October 2018	Site visit (minimum stock and competitive price tabs) and monitoring screen function independently. Rewrite of screens and lack of reporting capability.	FRVM monitoring staff DPH IT
	Utilize CTWIC data to improve tracking for enrollment periods.	October 2018	Functionality of Application Log screen.	FRVM Processing Tech DPH IT
	Utilize CTWIC data to improve tracking for compliance investigations.	October 2018	Tracking the status of individual investigations and Key Performance Indicators. Revisions to high risk vendor report	FRVM Compliance Analyst DPH IT
	Utilize CTWIC data to improve tracking for sanctions and referrals to SNAP on WIC DQs.	October 2018	Information is logged in CTWIC on the sanction screen, and separate Excel spreadsheet is used for tracking purposes.	FRVM Staff
	Utilize CTWIC data to improve tracking for training.	October 2018	Anticipated attendance for training; sessions, vendors assigned, and attendance. Interactive, High Risk, Annual training.	FRVM Trainers

	Utilize CTWIC data to fulfill requirements for TIP report.	October 2018	WIC-44 report from TIP website is used as the basis for the TIP report.	FRVM Staff
4.2 Potential transition of EBT Processors for vendors	Participate in conference calls to finalize Northeast Coalition of States (NCS) EBT Services RFP.	Calls began June 25, 2018. Draft RFP sent to FNS on July 3, 2019	Estimated RFP publishing dates per WIC/SNAP timelines; December 2019/January 2020.	FRVM staff Nutrition staff IT staff
	Notify WIC Vendor Advisory Council of RFP release.	December 2019	Vendor community informed on potential changes.	FRVM staff
	CT staff to review bids/participate on selection committee.	March/April 2020	Estimated dates per WIC/SNAP timelines: Bid submission March/April 2020; Award made May/July 2020.	FRVM staff Nutrition staff IT staff
	Submit MOU/Contract to Legal for review.	July 2020	DAS approval to join NY State Contract provided on June 21, 2019.	FRVM staff Nutrition staff IT staff
	Finalize and execute MOU with DSS if necessary to partake in NCS contract.	August 2020	DAS approval to join NY State Contract provided on June 21, 2019.	FRVM staff Nutrition staff IT staff
4.3 Develop policies and establish business processes for a Policy and Procedure Manual.	Document new processes as a result of changes to business practices for sanctioning vendors.	October 2019	Changes to the WIC Vendor Agreement.	FRVM staff
	Finalize policies and established business processes for a Policy and Procedure Manual.	Policies and procedures in writing.	Implementation of eWIC changed processes. Shared knowledge of tasks.	FRVM staff
	Modify the CT WIC Manual for the Vendor Module based on changes and enhancements made.	April 2018	Vendor Module Manual updated last for version 1.9.	FRVM staff

4.4 CTWIC Enhancements to streamline processes.	Q1 Enhancement to Vendor Module monitoring, site visit and training screens to increase the functionality and connection between training, monitoring and competitive pricing phases with selection criteria verification.	July 1, 2019	Enhancements were delayed until the revised 3Sigma contract was in place. Currently the relationship between enrollment and routine operations are separate.	FRVM staff
	Enhancement for increased access to EBT data through CTWIC. Several screens need to capture EBT redemption data for multiple processes.	Database only accessible through EPPIC and/or IT report requests.	EPPIC access is limited to the Coordinators, and not available on an as needed basis.	FRVM staff Nutrition staff IT staff
	Utilize CTWIC via tablet to allow real-time access to vendor information and provide electronic record of monitoring visits.	Monitoring visits currently done on paper.	Number of electronic documents available through the vendor portal to the MIS.	FRVM staff
	Revisions to Demographics screen to record a vendor's POS device for processing EBT transactions.	Vendors responsible for equipment costs after eWIC implementation.	Current information provides if integrated or standbeside; POS provider needed for billing purposes.	FRVM staff
4.7 Training videos to supplement interactive vendor training	Work with DPH Office of Communications to develop training videos to be used for open enrollment and renewal trainings.	October 2019	Consistent messaging for all training sessions.	FRVM staff
	Post on website for vendor use in training additional staff.	October 2019	Assistance to vendors to train more employees on WIC policies and procedures.	FRVM staff
	Online assessments to test knowledge of training.	October 2019	Training chapters will apply to different areas regarding minimum stocking requirements, transaction processing, violations and sanctions.	FRVM staff

Program Functional Area 5: Management Information Systems

Goal 5: To maintain and enhance the WIC IT infrastructure.

Objective: 5.1 Implement solutions or new technologies to address changes in USDA regulations and/or state policy.

Objective: 5.2 Move towards a self-service reporting environment for regular WIC information needs

Objective: 5.3 Develop a new MIS equipment obsolescence plan.

Objective: 5.4 Increase staff knowledge and utilization of current IT languages, tools and techniques

Objective: 5.5 Implement new technologies to enhance productivity or system security.

Objective: 5.6 Begin procurement planning for next EBT contract

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
5.1 Implement solutions or new technologies to address changes in USDA regulations and/or state policy.	Add additional functionality to CTWIC.	MI-WIC implementation project complete.	Timely update of changes to reflect USDA policies	IT Section Chief IT Supervisor
5.2 Move towards a self-service reporting environment for regular WIC information needs.	Implementing data dashboard to replace file and paper distribution	Reporting infrastructure needs to be completely redone.		IT Section Chief IT Supervisor

5.3 Develop a new MIS equipment obsolescence plan.	Continuing equipment refresh every three to four years.	Current IT infrastructure is a client/server environment on windows platform using technical control is as follows: Routers are managed by DAS Bureau of Enterprise Systems and Technology, while switches, servers, desktops, laptops, tablets and printers are managed by DPH/WIC IT, providing the necessary security, constant monitoring of database and network, equipment refreshment and maintenance.	Age and maintenance.	Technical Analyst II
5.4 Increase staff knowledge and utilization of current Programming languages, tools and techniques.	Staff have access to training library Training on new version of Focus reports to leverage legacy reports with new dashboard technology.	Staff have access to library as needed.	Staff are utilizing training library.	IT Section Chief IT Supervisor
5.5 Implement new technologies to enhance productivity and system security.	Replace ASE lines with cable. Add smart phone app functionality for participant use.	ASE lines and no connectivity for smart phone apps	BEST implementation of contracts for cable services	IT Section Chief IT Supervisor
5.6 Begin procurement planning for next EBT contract	Participate in NCS calls and document reviews to get RFP ready for reissue	Using original RFP from current NCS contract	Document is updated and ready to issue RFP	IT Section Chief IT Supervisor

Program Functional Area 6: Caseload Management/Outreach

Goal 6: Effectively reach all eligible individuals as resources allow, and achieve the maximum caseload capacity to serve the greatest number of women, infants and children.

By September 30, 2020:

Objective 6.1: Target a 2% increase over 2019 first trimester enrollment rates. (19.5%- 2018)

Objective 6.2: Determine baseline for child participation/retention based on available data. Based on baseline, develop target for improvement. Monitor child participation rates in all agencies in 2020.

Objective 6.3: 25% of FY 2020 Local Agency Plans (LAP's) will include an Outreach Plan with measurable strategies.

Objective 6.4: 75% of local agencies will review and use CT-WIC no-show tracking report to improve access to WIC services. Establish baseline of no-show rate using information from CT-WIC report in 2020.

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
6.1 Target 2% increase over 2019 first trimester enrollment rates.	<p>100% of LAP's Outreach Plans, include a measurable strategy focused on 1st trimester enrollment.</p> <p>Questions were added to the State Participant Satisfaction Survey to identify when a women started on WIC during her pregnancy and if it was after the 1st trimester identifying why.</p> <p>Based on 2019 MER results, the Program Operations Monitor will highlight at least 2 best practices for increasing 1st trimester enrollment at a Statewide meeting in 2020.</p>	<p>2020 WIC Objective: ≥ 40%</p> <p><u>FFY 2011:</u> 68.8% Range: 59.0% - 81.1%</p> <p><u>FFY 2012:</u> 72.1% Range: 48.9% - 85.4%</p> <p><u>FFY 2013:</u> 73.0% Range: 48.6% - 86.6%</p> <p><u>FFY 2014:</u> 72.3% Range: 53.8% - 83.3%</p> <p>FFY 2015: 28.4%* Range 20.5% - 34.2% (* 9-month average)</p> <p><u>FFY 2018 Target:</u> ≥ 40.0% Average: 19.5% Range: 7.0% - 40.4%</p> <p>FFY 2019 Target: ≥ 40.0% * Average: 20.2% Range: 9.2% - 31.7% * Partial year data</p> <p><u>Data Sources:</u> thru FFY 2017: CT SWIS, Outcome Objective First Trimester Enrollment in WIC; quarterly reports, by federal fiscal year.</p>	<p>CT-WIC Process Objective Report (FY 2018) 1st trimester enrollment of pregnant women is greater than or equal to 40%.</p> <p>DPH/DSS exchange data at least quarterly on co-enrollment between WIC & HUSKY-A.</p> <p>Results of the 2019-2020 participant satisfaction survey will help identify potential strategies/activities to consider for FY21.</p>	<p>Program Monitor Epidemiologist Outreach Team</p>

		FFY2018-2019: CT-WIC MIS (Management Information System).		
6.2 Determine baseline for child participation/retention using available data. Based on baseline, develop target for improvement. Monitor child participation rates in all local agencies in 2020.	<p>Investigate recent trends in child participation rate.</p> <p>Work with Epi and IT on baseline or target for 3-5 year old child participation.</p> <p>Track child participation rates in all local agencies in relation to WIC & HS Better Together Project.</p>	TBD	Child participation rate and/or baseline target is established.	Program Monitor Epidemiologist Outreach Team WIC/HS Team
6.3 25% of FY 2020 Local Agency Plans (LAP's) will include an Outreach Plan with measurable strategies.	<p>100% of FY 2019 LAP's will include an evaluation of prior year's outreach activities.</p> <p>Investigate to develop a baseline, the number of FY 2019 LAP's that include a locally developed Outreach Plan that incorporate measurable recruitment and retention strategies and utilizes materials provided in the Outreach Toolkit.</p> <p>During technical assistance visits, Local agency liaisons will discuss the development of a local Outreach Plan and measurable strategies.</p>	TBD	LAP submission and MER Program Operations questions on Outreach.	Local agency Liaisons Program Monitor

<p>6.4 75% of local agencies track no-show rate using information from MER and CT-WIC report. Investigate and develop a baseline no-show rate</p>	<p>Through State MER discussions with management staff, investigate number of local agencies reviewed during FY 2020 that report they review CT-WIC no-show reports on a weekly basis and use the results to modify and/or improve future schedules and show rates.</p> <p>During monitoring ensure local agencies are implementing proven strategies to reduce no-shows including</p> <ul style="list-style-type: none"> ▪ Retrieve and Utilize One Call report to manage clinic schedules and no show rates. <p>Based on 2019 MER results, the Program Operations Monitor will highlight at least 2 best practices for decreasing no show rates at a Statewide meeting or other appropriate venue in 2019.</p>	<p>TBD</p>	<p>Review and verification of local agency process for tracking, analyzing and implementing effective strategies to reduce no-show rate.</p>	<p>Program Monitor Epidemiologist</p>
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Program Functional Area 7: Coordination of Services

Goal 7: Strengthen coordination of information and resources with other Connecticut State Agencies to respond to the needs of the WIC clients.

By September 30, 2020:

Objective: 7.1 Maintain active coordination with at least 75% of identified key partners in 2020.

Objective: 7.2 90% of reviewed charts/clinic observations during monitoring visits have appropriate mandated and targeted referrals.

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
7.1 Maintain coordination with at least 75% of identified key partners.	Continue to actively participate in State level MCH Task Forces, Head Start, Oral Health, Lead Prevention/IZ programs, HUSKY (Medicaid Managed Care) and DSS.	Letters of agreement or MOU's with Medicaid Managed Care (HUSKY), Immunization, SNAP-Ed, Child Enforcement Agency and TANF.	Improvement of service delivery to mutual clients.	Nutrition Unit Nutrition and Program Monitors Breastfeeding Unit
	Continue to coordinate with DPH Food Protection Program, Consumer Protection Agency, and DPH Environmental Epidemiology.	Revise as needed policy and procedures on formula safety and recall.	Ensure safety of food/formula provided to WIC participants. Current recommendations or guidelines relevant to WIC participants are sent to local WIC agencies.	
	Continue to support WIC & Head Start Better Together Collaboration at 11 local agencies in FY 2020 via NSA funds and existing contracts.	Executed MOU with OEC, CT-Head Start Association and 9 local grantees.		
	Sustaining State level activities include: Liaison visits, bi-annual survey, and inclusion of Better Together objectives in LAP Outreach Plans.			
	Sustaining local level activities include: Co-location, collaborative nutrition and outreach, monthly meetings and			
	Monitor and manage <i>Better Together</i> webpage as needed throughout 2020.			

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
	<p>Work with IT to standardize retention data report. Work with CT-WIC lead to develop WIC & HS referral reports to facilitate follow-up.</p> <p>As resources allow, continue SNAP Ed/WIC Program Collaboration to compliment WIC nutrition education efforts. Coordinate with SNAP Ed as needed with local agency workshops that include taste testing and cooking demonstrations at selected sites. Incorporate routine use of SNAP Ed recipes in WIC education/resources used.</p> <p>Continue quarterly participation in Connecticut Perinatal Quality Collaborative (CPQC). Work with the CPQC to better coordinate hospital and community messaging about breastfeeding to high risk populations (MAT programs).</p> <p>Maintain partnership with CT Alliance on Perinatal Mental Health via implementation and sustainability of an annual PMAD related training.</p> <p>Determine report parameters for PMAD. Implement reports to monitor PMAD screening by September 2020. Maintain partnership with Doug Edwards from Real Dads Forever. Three local agencies will be identified and participate in a collaboration with Doug Edwards to identify strategies local agencies can implement to ensure the WIC office is more father friendly</p>		<p>SNAP Ed evaluations and feedback from SNAP Ed/local agencies/students SNAP-Ed Recipes utilized at local WIC agencies.</p> <p>Record of CPQC meetings.</p> <p>Ongoing implementation of WIC PMAD Screening Protocol.</p> <p>Three local agencies will have successfully implemented strategies recommended by Doug Edwards. Local agencies will share best practices at a 2020 statewide meeting.</p>	

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
7.2 90% of reviewed charts/observations during monitoring visits have appropriate mandated and targeted referrals.	<p>Through State MER observations and chart audits 90% of local agency staff will document appropriate referrals per revised referral codes and referral policy and procedures.</p> <p>During technical assistance visits, Local agency liaisons will discuss the development of measurable strategies to improve provision and documentation of referrals addressing:</p> <ul style="list-style-type: none"> ▪ Improved documentation on provision of referrals & follow up. ▪ Improved consistency of use of referral codes. ▪ LA's develop internal process for tracking referrals (providing and following up). ▪ Reduction in review findings related to referrals 	N/A	<ul style="list-style-type: none"> ▪ Improved local level coordination with staff regarding referrals. ▪ All local agencies will utilize a Local Community Resource Guide on a regular basis. ▪ Improved documentation on provision of referrals & follow up. Improved consistency of use of referral codes by LA's. ▪ LA's develop internal process for tracking referrals (providing and following up). ▪ Reduction in review findings related to referrals. 	Monitoring Unit Nutrition Monitor

Program Functional Area 8: Civil Rights

Goal 8: Establish and administer policies and procedures that ensure client-oriented customer friendly service environment for all applicants and participants and comply with Racial/Ethnic Federal mandate to ensure uniformity and comparability in the collection and use of data as required by OMB standards.

By September 30, 2020:

Objective: 8.1 Verify 100% of local agencies are in compliance with use of revised nondiscrimination statement requirements and OMB racial/ethnic data collection standards.

Objective: 8.2 Conduct annual civil rights training for state and local agency staff

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
8.1 Verify 100% of local agencies are in compliance with use of non-discrimination statement requirements and OMB racial/ethnic data collection standards.	<p>During monitoring, request copies of LA developed brochures, handbooks, and/or other publications, webpages or social media accounts and review for proper usage of the nondiscrimination statement.</p> <p>Monitor to verify that Racial/Ethnic Data Collection procedures are followed at local agencies during FY 2019 reviews.</p>	Ongoing	<p>Each brochure and handout and webpage will contain the current USDA non-discrimination statement (NDS).</p> <p>Regulatory compliance as evidenced in monitoring reports.</p>	Monitoring Unit
8.2 Conduct annual civil rights training for local agency staff.	<p>Annually, update and train all State and local staff on revised nondiscrimination complaint procedures and forms.</p> <p>Monitor for use of basic self-paced Civil Rights training into standardized WIC staff training expectations and competencies. (ReNEW 2.0 training subcommittee). Implement a self-paced annual Civil Rights training for all local agency staff. Provide short interactive session at Statewide Meeting (or webinar) to review CR concepts and application in clinic setting.</p>		<p>Initial self-paced Civil Rights training is implemented statewide.</p> <p>Annual interactive Civil Rights applied session is incorporated into Statewide Meeting annually.</p>	Monitoring Unit

Program Functional Area 9: Certification & Eligibility

Goal 9: Improve and maintain program integrity in the areas of certification and eligibility.

By September 30, 2020:

Objective: 9.1 Investigate during MER (Nutrition Monitor) and State audits (Nutritionist Consultant Formula Lead (NCFL)), local agency compliance with State WIC Special Formula and Eligible Nutritionals' policies.

Objective: 9.2 Monitor local agency implementation of updated risk criteria.

Objective: 9.3 Monitor implementation of mid-certification for breastfeeding women. 80% of monitored agencies will implement correct procedures.

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
9.1 Investigate during MER (Nutrition Monitor) and State audits (Nutritionist Consultant Formula Lead (NCFL)), local agency compliance with State WIC Special Formula and Eligible Nutritionals' policies. (See Objective 3.3)	<p>For local agencies with MER scheduled, the Nutrition Monitor will use the CT WIC Program Special Formula Review Form to determine if 80% of agencies reviewed are in compliance with special formula procedures</p> <ul style="list-style-type: none"> Select 5 (per permanent site) participant records with WIC Medical Documentation forms to determine frequency of insufficient "medical rationale" Based monitoring results, determine areas for improvement in staff training, and clarify WIC formula policies and procedures and provide technical assistance as needed. <p>For local agencies conducting an Off-Year Self Evaluation, the Nutrition Consultant Formula Lead (NCFL) will use the CT WIC Program Special Formula Review Form to conduct a minimum of 5 chart audits per site. A minimum of 50 charts per year will be evaluated by the NCFL. See indicators column, for performance standards for WIC Special Formula and Eligible Nutritionals issuance.</p> <p>Based on results, local agency liaisons will discuss areas for improvement and address questions or concerns during local agency TA visits. Outstanding formula issues identified will be topic for discussion during training sessions at staff meetings and or statewide meetings.</p>	Established in 2018	<p>Local agencies will demonstrate proficiency with:</p> <p>Following policy and process in assisting participants in ordering of special formula.</p> <p>Local agency report of improved knowledge base and comfort-level in interactions with HCP's.</p> <p>90% Medical Documentation Form Up to Date</p> <p>80% Medical Documentation Form accurately completed by MD/HCP</p> <p>90% Medical Documentation correlates with WIC prescription issuance on Family Benefit List (FBL)</p> <p>55% Appropriate Growth Assessment/evaluation documented.</p>	Nutrition Unit Nutrition Monitor NCFL Epidemiologist Liaisons

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
	<p>In first quarter of FY 2020, NCFL will follow-up with the vendor unit on the progress of the updated data entry policy for WIC Special Formulas and Eligible Nutritionals. Once approved, at a minimum, review policy bi-annually. Update list in 1st quarter of fiscal year.</p> <p>Review CT-WI quarterly reports of Issuance and Redemption of WIC Special Formulas and Eligible Nutritionals. Liaisons may choose to cover during technical assistance visits as needed.</p> <p>Provide two (2) in-service trainings to identified stakeholders about WIC formula policies and procedures by September 30, 2020. Assist local agencies in providing in-service presentations as appropriate.</p>		<p>60% of verbal orders obtain medical documentation within 24 hours</p> <p>30% Nutritionists follow-up with MD/HCP when indicated</p>	
9.2 Monitor implementation of updated Nutrition Risk Criteria.	<p>By end of first quarter, review new or updated WIC nutrition risk criteria, develop training plan and submit IT request to perform needed modifications to CT-WIC</p> <p>Train local agency staff on new or revised criteria at Statewide meeting or self-paced modules.</p> <p>During monitoring determine if local staff accurately identify and assign new or revised risks.</p>	N/A	<p>IT report submitted. Training scheduled for local agencies. Monitoring indicates local agency staff are correctly assigning risks.</p>	<p>Nutrition Unit Monitoring Unit Breastfeeding Unit IT Unit</p>

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
	<p>Through State MER observations and chart audits 80% of local agency staff will conduct PMAD screening per protocol and document appropriately.</p> <p>Continue to work with Epi to link PRAMS data on maternal depression with WIC populations.</p>			
9.3 Monitor implementation of mid-certification for breastfeeding women. 100% of monitored agencies will implement correct procedures.	During nutrition services monitoring validate 100% of local agency comply with mid-certification visits for breastfeeding consistent with State Plan policies.	2018 & 2019 Monitoring results	During routine monitoring local agency staff will show proficiency with implementing mid-certification procedures for breastfeeding women.	Nutrition Unit Program Monitor Breastfeeding Unit IT Unit

Program Functional Area 10: Monitoring & QA

Goal 10: Conduct on-site programmatic management and nutrition services reviews of local agencies to ensure compliance with Federal and State Regulations.

By September 30, 2020:

Objective: 10.1 Monitor six (6) service regions including satellites.

Objective: 10.2 Evaluate applications of VENA principles in local operations and identify training and technical assistance needs.

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
10.1 Monitor six (6) service regions including satellites.	<p>By end of 1st quarter, develop FY2020 monitoring schedule.</p> <ul style="list-style-type: none">Conduct monitoring visits, schedule exit conference within two weeks of completion of fieldwork, and complete exit conference within 30 calendar days.Prepare program review reports to local agencies within thirty (30) calendar days of the program exit conference.Respond to local agency CAP within 30 days. Two weeks as best practice.Synthesize common review findings & responses to CAP in both nutrition services and program operations to update FFY19 Goals and Objectives, training and technical assistance plans.During routine monitoring, collect data on satellite site operations to determine effectiveness: Location of satellite sites, # of participants' served, and Hours of operation	FFY19 LA monitoring schedule (See Objective 10.3)	<p>100% of scheduled monitoring visits and reports completed by Sept 2019.</p> <p>80% of agencies will have their exit conference scheduled within two weeks of completion of onsite visits.</p>	Nutrition Monitor Program Monitor Local agency Liaisons Breastfeeding Unit

<p>10.2 Evaluate applications of VENA principles in local operations and identify training and technical assistance needs.</p>	<p>Assess/report local agency staff progress in three (3) VENA competency areas to establish individual baselines for self- improvement.</p> <p>Highlight local agency best practices once a year as appropriate.</p> <p>Utilize Program Nutritionist meetings to address statewide local agency training and technical assistance needs.</p> <p>During 2020</p> <ul style="list-style-type: none"> ▪ Continue to monitor for use of <i>Tell Me More (TMM) About Your Child</i> tool in at a minimum for child participants at risk for overweight or obesity. ▪ Monitor/Investigate for implementation of pregnancy TMM tool in prenatal counseling. ▪ Update web page as needed. <p>Partial results from our most recent participant satisfaction survey (August 2019) show participant dissatisfaction with customer service, knowledge of staff, child friendliness of clinics, group education that is not participant focused and frequency of visits leading to barriers with retention. The State agency takes all comments seriously and is meeting on August 31st to discuss and finalize strategies to ensure quality services are provided to all WIC participants.</p>		<p>Ongoing process/tool evaluation and feedback from local agencies.</p>	<p>Nutrition Unit Breastfeeding Unit Monitoring Unit</p>
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Program Functional Area 12: Data Quality, Analysis & Reporting

Goal 12: Strengthen data outputs for improved program planning, monitoring, evaluation and administration.

Objective 12.1: Improve access to, and the utility and application of, WIC Program data:

- a. Build on current reports to provide enhanced, accurate and more accessible, data resources;
- b. Continue to search for alternative to CT-WIC Dashboard originally planned;
- c. Expand research/data analysis and reporting initiatives; and,
- d. Provide support in meeting other Program-related data needs.

Objective 12.2: Contribute data inputs to help maximize strategic program coverage and effectiveness:

- a. Strengthen appropriate access to and delivery of program services; and,
- b. Ensure adequate access to vendor services and vendor capacity to meet demand.

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
12.1 Improve access to, and the utility and application of, WIC Program data: d. Build on current reports to provide enhanced, accurate and more accessible data resources. e. Continue to search for alternative to originally planned CT-WIC Dashboard.	<p>Prepare summary data tables & graphs to illustrate trends, and maps to compare the distribution of selected variables and other Program resources (e.g. participants, WIC sites, authorized vendors).</p> <p>Post results or otherwise share selected data tables, graphs, reports, maps and other data presentations as appropriate, including:</p> <ul style="list-style-type: none"> • WIC participation and key demographics; • Process and outcome objectives; • Benefit issuance & redemption; and, • Authorized vendors; plus, • Current national WIC data and state population figures. <p>Coordinate with DPH attorney prior to sharing any personally identifiable information outside the WIC program (e.g., with DPH/Vital Records, Local Health Districts), to ensure state and federal confidentiality regulations are properly met; censor all public-facing data, as appropriate.</p>	<p>Monthly Reports</p> <p>Quarterly Outcome Reports</p> <p>Annual Summary Reports</p>	<p>Enhanced analysis & data presentations meet USDA, state & local WIC agency data needs.</p> <p>Data tables, graphs & maps facilitate the comparison of participant characteristics, risk factors, outcomes, etc.</p> <p>Data reports are posted to the shared Q drive for state & local agency staff; public-facing data posted to the program website are censored and periodically updated, as appropriate.</p> <p>Improved data access results in less staff time being invested in responding to routine data requests, while protecting file security & participant confidentiality.</p>	<p>WIC Epidemiologist, in coordination with IT staff & Nutrition Unit, as well as with Local Agency staff, where appropriate.</p>
f. Expand research/data analysis and reporting initiatives.	Select one program outcome to analyze in relation to potential risk/contributing factors (e.g., low birth weight: compare preterm/full-term birth outcomes in relation to mothers' pre-pregnancy	<p>Prior DPH, WIC and other related studies</p> <p>Data from signed CT-WIC/US Census</p>	<p>More in-depth analyses help inform program decisions in support of key interventions, with a focus on improved</p>	<p>WIC Epidemiologist, in coordination with Nutrition Unit & IT staff, as well as with</p>

	<p>weight, weight gain during pregnancy, substance use behaviors, initiation of prenatal care, etc.).</p> <ul style="list-style-type: none"> • Identify and track risk factors contributing to poor birth outcomes. • Evaluate associations between WIC participation and risk factors for poor birth outcomes. • New addendum to LBW outcome report will track prematurity data (current report excludes multiple and preterm births). <p>Depending on availability of Vital Records staff during FFY 2020, renew data-sharing agreement to link WIC data file with DPH/Vital Records Birth File, in order to:</p> <ul style="list-style-type: none"> • Determine co-enrollment in WIC/Medicaid: • Use Medicaid data to identify and provide outreach to those eligible but not enrolled in WIC; map addresses to identify pockets of those not enrolled, for more targeted outreach efforts. • Map selected health, demographic and socioeconomic Census variables at the local level; compare results with current program coverage 	Bureau MOU (w/ nationwide data)	<p>outcomes, and increased outreach, recruitment & retention.</p> <p>Local-level disparities are identified based on Census data & other data sources, to better target program services and allocate financial & program resources</p>	<p>Local Agency staff, where appropriate.</p> <p>DPH staff, including from the Health Statistics & Surveillance Section, Statistics Analysis and Reporting Unit (responsible for Birth File management and analysis)</p>
g. Provide support in meeting other Program-related data and reporting needs.	<p>Respond to internal & external WIC data requests (e.g. DPH, Local Health Districts, FOI requests, universities, non-profits, <i>ad hoc</i> requests, etc.);</p> <p>Identify/develop relevant reference & training resources:</p> <ul style="list-style-type: none"> • Draft presentations for WIC Director, Nutrition staff, etc., when requested; • Prepare reports for use by state staff in local agency monitoring visits (e.g. staff-to-participant ratio analysis by race/ethnicity, benefit redemption, etc.); • Develop presentations for WIC staff; present on data-related topics as needed at statewide meetings, coordinators meetings, trainings; 	<p>CT-WIC data reports</p> <p>Ongoing collaboration</p>	<p>Timely response to internal and external data requests.</p> <p>Surveys and presentations developed and/or technical assistance provided.</p> <p>Committees successfully complete assigned tasks.</p>	WIC Epidemiologist

	<ul style="list-style-type: none"> • Provide analysis, reporting and/or technical assistance as requested (e.g. adjust annual WIC outcome targets, calculate caseload, design surveys and new reporting forms, etc.); • Contribute to preparing the Annual State Plan and yearly Operational Adjustment proposal; present midterm and final reports; • Collaborate in DPH initiatives that benefit the State's MICH population (e.g. MCH Block Grant, PRAMS Steering Committee, RFP, Publication Review Committees, etc.). 			
<p>12.2. Contribute data inputs to help maximize strategic program coverage & effectiveness:</p> <p>c. Strengthen appropriate access to and delivery of program services.</p>	<p>Monitor program services to help inform program planning and implementation efforts:</p> <ul style="list-style-type: none"> • Identify service gaps, priorities & opportunities; • Track program outcomes, evaluate changes. <p>Use GIS mapping to help improve resource allocation (e.g.; location of clinic sites, authorized vendors).</p> <p>Target resources to improve outcomes for those at highest risk.</p> <p>Identify specific populations to target for outreach promotional efforts and program services, where needed.</p> <p>Develop new reports on identified Risk Factors and Referrals/Counter-Referrals by LA and permanent WIC site.</p>	Current program services & resources	<p>Decisions to increase/decrease or relocate program services and resources are based on objective inputs (e.g. trend reports, % change over "x" period of time, etc.)</p> <p>Risk factors and other variables associated with a specific outcome or result(s) are identified, providing enhanced criteria for targeting program interventions.</p>	WIC Epidemiologist, in coordination with Nutrition Unit, as well as with IT & Local Agency staff, where appropriate.
d. Ensure adequate access to vendor services, and vendor capacity to meet participant demand.	<p>Coordinate with the Vendor Management Unit to strengthen data collection, analysis and reporting functions, especially for vendor monitoring and TIP Report preparation.</p> <p>Continue to identify priority data needs; perform needed analyses, and build standardized queries and presentation formats to meet those needs.</p>	<p>Vendor Unit data</p> <p>Authorized vendor lists</p> <p>WIC participation data</p>	<p>Vendor locations, services and resources meet participant and program needs.</p> <p>Analytical maps to determine geographic access and store capacity to meet the demand of WIC participants in a given</p>	WIC Epidemiologist, in coordination with the Vendor Unit, and others, as needed.

	<u>New priority:</u> develop and standardize monthly reports to aid in the detection of possible vendor or participant fraud in the redemption of benefits.		area are produced prior to adding or removing a vendor from the CT WIC authorized vendors list.	
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